New Jersey Department of Health
New Jersey Early Intervention System (NJEIS)

Family Cost Participation Payment Options

Service Coordinator Name	County	Effective Begin Date

Parent/Guardian Name	Relationship	FCP Role	Street Address	Phone Number
Parent/Guardian Name	**Relationship**	**FCP Role**	**Street Address**	**Phone Number**

Child ID#	Child Name	Date of Birth
Child ID#	**Child Name**	**Date of Birth**

☐ New ☐ Annual Renewal ☐ Modification - Family Size ☐ Modification - Income ☐ Modification - Payment Option

NJEIS income determination shall be made after the service coordinator and parent review and complete income verification form(s) for each appropriate household member based on income tax documentation the family has provided. Families will receive a written Family Cost Notice identifying the co-payment responsibility.

FAMILY PARTICIPATION OPTIONS

Please check and initial your choice regarding your family's interest in participating in the NJEIS system of payment for early intervention services. I understand that my signature is required on an Individualized Family Service Plan (IFSP) to initiate acceptance of a family cost participation and that I must accept or decline early intervention services, subject to cost participation, at the IFSP meeting.

☐ **Full Fee** I choose not to release or update my financial information, and understand that I will be billed for the actual cost services agreed to and provided in accordance with my Individualized Family Service Plan (IFSP).

☐ **Public Expense Services** I choose not to release my financial information and understand that I will participate in the IFSP process and receive service coordination, evaluation/assessment, IFSP development/review and procedural safeguards at public expense. I understand that by choosing this option, services subject to a family cost participation will not be available through the NJEIS.

☐ **NJEIS Family Cost Participation** I am interested in a family cost participation in accordance with the NJEIS Family Cost Participation Handbook. I have chosen to provide income information for my family as documented on the Family Cost Participation Income Verification Form. I understand that:

If a change occurs in my financial position, it is my responsibility to notify my service coordinator to request a review to determine a new family cost participation and that adjustments in family income are not retroactive. Outstanding balances prior to the adjustment will not be affected.

My family's cost participation payments over 60 days past due will result in the suspension of the direct early intervention services subject to family cost participation which does not include the services provided at public expense (service coordination, evaluation/assessment, IFSP review/development and procedural safeguards).

I may request a review of my household income to determine if I qualify for an adjustment based on extraordi- nary expenses by submitting an "Application for Income Adjustment" to the DOH-NJEIS.

If there is a household member that is self-employed, I may be subject to an interim family cost participation determination to initiate early intervention direct services. However, upon review by the DOH-NJEIS of the self-employed family member(s)' income documentation, including his/her/their most current tax return, my family cost participation is subject to change.

Prior to using my child's Medicaid benefits to pay for these services, NJEIS is providing me written notification that:
1. My parental consent must be obtained before the NJEIS discloses, for billing purposes, my child's personally identifiable information to the State public agency responsible for the administration of the state's public benefits or insurance program (e.g., Medicaid);

2. If I had not consented to the use of Medicaid reimbursement as a part of my application for Medicaid benefits, DOH-NJEIS would still make available those Part C services on the IFSP for which I have provided con- sent;
3. I have the right to withdraw my consent to disclosure of personally-identifiable information to the State public agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid) at *any* time; and
4. There are no costs with participating in the NJ Medicaid program (such as co-payments or deductibles, or the required use of private insurance as the primary insurance).

My signature below verifies that my rights and responsibilities relating to the New Jersey Early Intervention Sys- tem (NJEIS) and payment of services have been explained to me. I acknowledge receiving a copy of the NJEIS Family Cost Participation Handbook or have agreed to obtain a copy through the Department's website located at:
http://nj.gov/health/fhs/eis/documents/payment_cost_policies_2012.pdf.

I agree to notify my service coordinator of any changes in the financial information used to determine a family cost participation for early intervention services for my child. I also understand that I should contact my service coordinator if, at any time, I have questions or concerns about family cost participation or the cost of early intervention services. I have the right to file an administrative complaint, request mediation, and/or initiate a due process hearing if disagreements regarding my family's cost participation can- not be resolved at the local level.

Name Print	Parent/Guardian Signature	Date
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