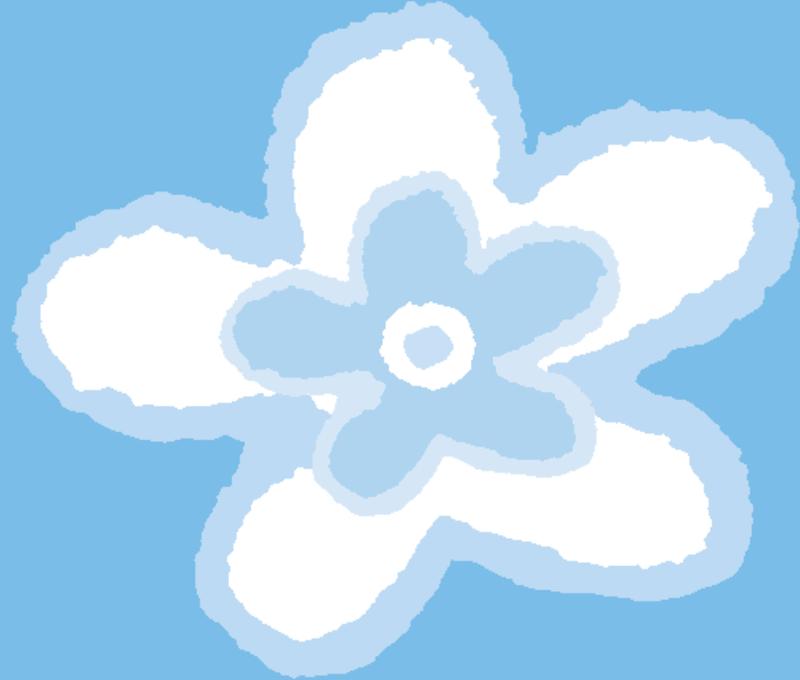


CONNECTICUT BIRTH TO THREE SYSTEM

**REVISED**  
June,  
2006



# A Family Handbook

Guide II

**Orientation to Services**





# A Family Handbook

## Guide II: **Orientation to Services**

Revised June, 2006

### **MY IMPORTANT INFORMATION**

Name of my program: \_\_\_\_\_

Others: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My program's director: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My service coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_

IFSP Dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This handbook & others are available at [www.birth23.org](http://www.birth23.org)*

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# Introduction

## *Welcome to the Connecticut Birth to Three System!*

Research has shown that your child's first three years are a very important time for learning and **development**. Getting **early intervention** supports now will help improve your child's ability to learn and play, and will help you to help your child and family in ways that are important to you. This handbook will introduce you to the Connecticut Birth to Three System.

The mission of the Connecticut Birth to Three System is to strengthen the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have delays or **disabilities**. The System will ensure that all families have equal access to a coordinated program of comprehensive services and supports.

This means that the Birth to Three System will work closely with you to provide the kinds of supports that

make the most sense based on your family's priorities and your child's needs. These were recorded during your child's first evaluation or assessment, and they will be updated throughout your work with Birth to Three.

Children are best supported within their families, and the family is best supported within its community. Activities that fit within your daily routine and use current

techniques are most likely to give the **outcomes** you want for your child and family.

### Services & Supports . . .

- ✿ FOSTER COLLABORATIVE PARTNERSHIPS
- ✿ ARE FAMILY CENTERED
- ✿ OCCUR IN NATURAL SETTINGS
- ✿ RECOGNIZE CURRENT BEST PRACTICES IN EARLY INTERVENTION
- ✿ ARE BUILT UPON MUTUAL RESPECT AND CHOICE

*Children learn best within their families.*

**NOTE:** All **bold italic** words are explained in the glossary.

## What is the Birth to Three System?

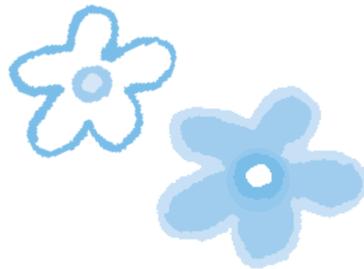
The Birth to Three System is an **entitlement** for Connecticut families whose children under three years of age have a significant developmental delay or disability. Early intervention services and supports for infants and toddlers are covered by a Federal law known as Part C of the **Individuals with Disabilities Education Act (IDEA)** which is under the U.S. Department of Education. The Connecticut Birth to Three System operates under State law 17a-248 and is run by the Department of Mental Retardation. Three regional managers oversee the delivery of supports and services by a number of approved **Birth to Three programs**. These programs work with families throughout Connecticut.

Birth to Three services and supports can begin at birth if needed, and may last until your child no longer needs them or turns three years old. The Birth to Three System works with you so you can help your child make developmental progress in ways that are important to your family.

## Why is my child eligible?

As was explained in **Family Handbook I: Referral and Eligibility**, your child was found to be **eligible** for the Birth to Three System in one of the following ways:

- ✿ A developmental delay was identified during a **multidisciplinary evaluation** of your child's abilities and needs in the areas of thinking, moving, communicating, relating to others, seeing or hearing.
- ✿ A specific medical diagnosis was identified by a professional that has a high likelihood of affecting your child's development.





## Why should I enroll in Birth to Three?

The first few years of your child's life are extremely important for brain growth and learning new skills. If your child is not developing as expected, early intervention offers:

- ❁ a valuable way for you to learn how to best help your baby grow and develop
- ❁ visits in your home from trained experts at predictable times; no traveling, no waiting rooms
- ❁ a multidisciplinary team that works together to support you in making daily routines a time for your baby to learn new skills
- ❁ a source of information about other valuable resources in your community.

Research has shown that not only do children and families benefit from effective early intervention, but enrolling as soon as a need is identified leads to better outcomes for your child and family. Children who receive early intervention are less likely to need **special education** in the future. Getting supports and services now will continue to help you and your child later.

## What can I expect from my service coordinator?

Now that you have enrolled in the Birth to Three System, you may have some questions about what comes next. What might seem confusing at first will become more manageable with the help of your **service coordinator**.

### Your Service Coordinator Will . . .

- ❁ interpret evaluation results and observations
- ❁ guide you in setting priorities for your child and family
- ❁ help coordinate services and information from different sources
- ❁ help you find answers to questions you have about your child
- ❁ find opportunities for you to connect with other families
- ❁ help you talk with other specialists involved with your child and family, such as medical providers and childcare staff
- ❁ offer information on helpful state and community resources
- ❁ coach you on ways to teach your child new skills during your regular routines and activities



Your service coordinator has expertise in providing an early intervention service (such as physical therapy or special instruction), and has completed additional training to learn to coordinate that service with others.

Your service coordinator is the person on your **Birth to Three team** who will work closest with you. You and the service coordinator are the team co-captains, while other members may include a teacher, physical therapist or speech pathologist, and your child's doctor. Your service coordinator will guide you through the early intervention system, and prepare you to leave it once services are no longer needed or your child turns three.

## How can I help my child?

You know your child best. Your Birth to Three team will enjoy learning from you about your child's interests, what helps him or her learn, and what he or she would rather avoid. Together, you will develop ways to help your child. You will learn from – as well as teach – the Birth to Three team working with your child.

Parenting is not always easy, especially when you may need some unique skills to help meet your child's special needs. You are your child's first and best teacher and **advocate**, with the passion, the dreams, and the commitment to guide your family through a series of decisions and special services.

As a parent advocate, you will have to understand and tell professionals, relatives, and friends about your family's priorities and concerns. Communicating with others about your child can sometimes be frustrating – especially when they have a different point of view or do not seem to understand you.

### Ways To Help People Understand Your Point of View

- ✿ have a sense of your priorities and those of your family
- ✿ have a clear idea about what you want for your child
- ✿ know what your child likes and dislikes
- ✿ share what makes you proud of him or her
- ✿ be aware of and understand your own feelings and those of others

CONTINUED, NEXT PAGE



## How can I help my child? CONTINUED

Having a child with special needs can be a challenge. You and your family will plan with your Birth to Three team to meet those challenges as well as your goals in ways that make sense to you. Together you will develop a written plan called the **Individualized Family Service Plan (IFSP)**.

## What is an IFSP?

Your IFSP is the agreement between you and the Birth to Three program providing early intervention services and supports to your child and family. The agreement itself and the form it is written on are both called the IFSP. Your plan is a legal document designed to help everyone on your team understand what is going to happen, who is going to be involved, when and where supports will take place and for how long. As your family changes, supports should also change to meet your needs and choices. You and your service coordinator will check the IFSP at least every six months or as needed to make sure it still fits your priorities and your child's and family's needs.

## What is an IFSP meeting?

You, as the parent(s), and your service coordinator must be present at all IFSP meetings. The first IFSP meeting will also include a person who helped to gather and complete the developmental evaluation and assessment information about your child. You may invite others to attend the meeting such as family members, your childcare provider, and any friend or provider that you feel should be involved. If they cannot attend, their information can still be shared and included in the plan. Another important person is your child's physician, who will be contacted for his or her input. Your child's physician must sign the IFSP before services can begin.

The more involved you and your family members are in the IFSP meeting, the more meaningful your plan will be. Think honestly about what is important to you and what your child will need. Read the evaluations and assessments describing your child before the meeting and ask any questions you have. Your service coordinator will ask you to share information about your child and family, so think about the questions on the next page before the IFSP meeting.

## Important Information About Your Child & Family

- ❁ What does your child like? Dislike?
- ❁ What frustrates your child?
- ❁ What does your child do during the day?
- ❁ What things do you like to do as a family? With friends?
- ❁ Which people and agencies do you find helpful?
- ❁ What are your family's strengths in meeting your child's needs?
- ❁ What else do you want the team to know about your child or family?
- ❁ What is there about your answers to these questions that you want early intervention services to help you change?



Team members work together to develop the IFSP by reviewing information, making choices, and developing IFSP outcomes. During these discussions, you will reach agreement on the strategies, activities and early intervention services that will support your goals for your child and family.



You and the other members of your team need to trust and respect each other's expertise when reaching an agreement about what should be included in the IFSP. All Birth to Three team members need to actively participate in sharing information and making decisions. The outcomes you want for your child and family are important to you. Your team will work hard to identify the strategies, activities, and early intervention services that will be put in place to address those outcomes.



*Think honestly about what is **important** to you & what your child will need.*



# Supports and Services Under IDEA, Part C

Your Birth to Three team will look at one or more of the following early intervention services and supports that may help you reach your IFSP outcomes:

## Early Intervention Services & Supports May Include . . .

- ✿ *service coordination*
- ✿ *specialized instruction*
- ✿ *speech and language services*
- ✿ *audiological services*
- ✿ *physical therapy (PT)*
- ✿ *occupational therapy (OT)*
- ✿ *family training, counseling, and home visits*
- ✿ *health services necessary to benefit from other early intervention services*
- ✿ *medical services for Birth to Three diagnostic or evaluation purposes only*
- ✿ *nutrition services*
- ✿ *assistive technology devices and services*
- ✿ *psychological services*
- ✿ *social work services*
- ✿ *vision and mobility services*
- ✿ *transportation or mileage reimbursement when necessary to receive other early intervention services*

NOTE: *italicized* services and supports are explained in the Glossary



# What will the IFSP look like? CONTINUED

## Summary of Child's Present Abilities, Strengths, and Needs (Section I.)

This section contains a summary of your child's present abilities, strengths and needs. Some information may have been gathered earlier, however new information from you is extremely valuable.

The image shows a screenshot of a form titled "SECTION I. SUMMARY OF CHILD'S PRESENT ABILITIES, STRENGTHS, AND NEEDS". The form is mostly blank, with some faint text and a header section. The header includes "SECTION I. SUMMARY OF CHILD'S PRESENT ABILITIES, STRENGTHS, AND NEEDS" and "SECTION I. SUMMARY OF CHILD'S PRESENT ABILITIES, STRENGTHS, AND NEEDS". There are some faint bullet points visible, such as "• Ability to follow directions", "• Ability to play independently", "• Ability to communicate", "• Ability to interact with others", "• Ability to play with toys", "• Ability to follow simple instructions", "• Ability to play with other children", "• Ability to play with toys", "• Ability to follow simple instructions", "• Ability to play with other children".



## Summary of Family's Concerns, Priorities, and Resources as They Relate to Enhancing Your Child's Development (Section II.)

This section identifies your concerns, priorities, and resources so that the IFSP can best reflect your individual family. The information is used to develop outcomes that you want for your family and to plan services that make sense for your child and family. For instance, many parents of young children would like additional sources of information or support. Your service coordinator is available to discuss this and work with you to identify resources that might be helpful.

## Other Services That Are in Place or Are Needed (Section III.)

This section lists other services that are not early intervention services covered by the Birth to Three System. This includes services that your family is already using or seeking. Some examples are medical, recreational, religious, or social services.

**SECTION II: SUMMARY OF FAMILY'S CONCERNS, PRIORITIES, AND RESOURCES AS THEY RELATE TO ENHANCING YOUR CHILD'S DEVELOPMENT (Family Outcome)**

I. Concerns, priorities, and resources

II. Other services that are in place or are needed

III. Other services that are in place or are needed



## What will the IFSP look like? CONTINUED

### Plan for Transition from the Birth to Three System (Section IV.)

This section helps to remind you and your service coordinator that Birth to Three services will eventually end for you and your child. Leaving the Birth to Three System and moving on to other services or resources is called “transition.” Transition may happen when your child has achieved the outcomes selected by you and your Birth to Three team, or it may happen when your child turns three and moves on to other supports and services. This section prepares you for a smooth transition to other activities so they can be ready to start when you need them.

SECTION IV. PLAN FOR TRANSITION FROM THE BIRTH TO THREE SYSTEM TO PRESCHOOL, SPECIAL EDUCATION OR OTHER APPROPRIATE SERVICES

Current Services	Transition Services	Transition Dates
	.	.
	.	.
	.	.
	.	.
	.	.

Transition Services

Transition Services	Transition Dates



## Outcomes (Section V.)

Outcomes are the changes you want to work toward for your child and family. These can relate to any area of your child's development and regular routines (such as eating, dressing, making friends) and your family's life (such as training a baby-sitter or making time for play activities).

Outcomes are the basis for choosing early intervention services and supports for your child and family. Your Birth to Three team will look at each outcome to determine what is happening now, and what the next steps are to reach this outcome. Your team will discuss ways to work on these next steps, and how they fit into your family's daily routines. It is important for these activities to include the people who are part of your child's life.

SECTION V. OUTCOME # \_\_\_\_\_

What are the next steps/objectives to reach this outcome?

Expected timeframe for reaching objective

Strategies/methods for working on this outcome during your child and family's daily activities and routines

People who will be involved

When is this goal due?

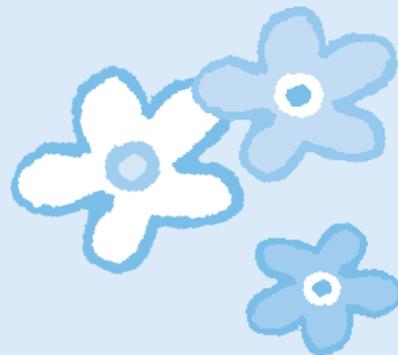
\_\_\_\_\_



or other places where your child spends his days) so that the places are comfortable and familiar for you and your child. If there are special reasons why services cannot take place in your natural environments, your service coordinator will write this on the IFSP and must attach a page that explains and describes the reason.

### Informed *Consent* by Parents

Under Federal law, you must indicate that you understand your rights and give permission before services can begin. Your signature on the IFSP will indicate that you agree with the entire IFSP, or you give permission to begin one or more early intervention services as written while disagreeing about, or declining others. If you would like more information on your rights, please see pages 33-35 or refer to the brochure **Parent Rights Under IDEA Part C** given to you by your service coordinator.



### Physician Signature

After you sign the IFSP, your child's physician will be sent a copy for his or her signature indicating agreement with the services and ICD-9 codes. ICD-9 codes give information about your child's medical condition(s), as required by health insurance plans.

CONTINUED, NEXT PAGE







# How much will I have to pay for these services?

The cost of services is mostly covered by state and federal dollars. However, the state's Birth to Three law and its regulations require insurance companies and families to contribute. These payments are used to reduce the amount of money that the state pays for services and helps to ensure that all eligible children and their families receive supports without delay. There are two ways that you participate in helping to cover the costs: authorize billing of your health insurance company and make monthly payments on a sliding fee scale.

## Authorize Billing of your Health Insurance Company

State law requires insurance companies to reimburse for early intervention services and guarantees that these payments are not counted against your child's annual or lifetime benefit caps. The Birth to Three System absorbs the cost of all insurance **copayments** and **deductibles**. If you have health insurance you will be asked to sign a form allowing your Birth to Three program to bill for reimbursement of services. If you have "**self-funded health insurance**" (where your employer pays the

actual bills) or an out-of-state plan you will be asked for special permission to bill your plan. Self-funded and out-of-state health insurance plans are not required to follow the specific terms of Connecticut's insurance law, therefore your annual and lifetime caps are not automatically protected. Families with this type of health insurance are encouraged to talk with their plan administrator or employer to know how their child's annual and lifetime benefit caps may or may not be affected.

Two Possible Insurance Payment Problems are:

**#1: You receive one or more Explanation of Benefits forms from your insurer indicating a balance owed to Birth to Three.** *What do you do?* Don't worry. This is an error made by your insurance company. Do not send a payment to your Birth to Three program. This insurance balance is absorbed by the Birth to Three System. The only payments (if any) you will ever make for Birth to Three supports will be sent to our billing contractor, Benefits Processing Services, after you receive your monthly bill.





## How much will I have to pay for these services? CONTINUED

### #2: **You receive an insurance reimbursement check for Birth to Three services.** *What do you do?*

You must repay your Birth to Three program because they should have received the payment, not you. If you do not return the payment to your Birth to Three program, the amount of the payment will be added to your balance owed to the Birth to Three System.

### **Make Monthly Payments**

According to federal law, you cannot be charged for:

- ❁ referral to the Birth to Three System
- ❁ the evaluation and assessment of your child to determine eligibility and needs
- ❁ the development of your child's plan (IFSP)
- ❁ the availability of a process to settle disagreements
- ❁ service coordination

You may request to receive only these services without paying a fee. However, state law requires that in order to receive any other early intervention services (e.g., specialized instruction – see page 8 for a complete list),

you must make monthly payments as listed on page 23. You will complete a **Family Cost Participation** form that gives Birth to Three your income information before or at your first service visit. If you decline to provide your income information, indicate that on the form and you will be billed the highest amount on the appropriate scale. If you decline to fill out the form, no services will be delivered. It is important that every family contributes their share to cover the cost of services.

**Table One** tells you the amount you will need to pay if you give consent to have your insurance billed for reimbursement or if your child has no health insurance. **Table Two** tells you the higher amount you will need to pay if you do not authorize insurance billing. For both tables, find your federal adjusted gross annual family income in the left-hand column, then look across that line to find your family size. Your family size is the number of people related by birth, marriage or adoption who live together in your home. You will receive a monthly bill from our billing contractor,



Benefits Processing Services, for that amount. Payments may be made by check, VISA, MasterCard, American Express or Discover and help to cover the cost of services provided to your family during the previous month.

You make only one payment per month, even if you have more than one child enrolled in Birth to Three. Payments are based on your income, family size, and ability to pay – not on the number of services your family receives in a month. If there are no services for an entire month, no bill is sent, unless you cancelled a scheduled visit with less than 24 hours notice. You are billed only for full months of enrollment beginning after the second full month of enrollment. No bill is sent if you started receiving Birth to Three visits after the first day of the month or your child exited before the last day of the month.

Birth to Three has the ability to check the information you provide on your Family Cost Participation Form with your most recent state tax return. If your current family income is significantly different than last year, please report your **current** income and write a note explaining this on the form.

If you feel that your adjusted gross annual income is not a true reflection of your family's ability to pay due to specific extraordinary expenses, you may request an adjustment to your payment obligation. Talk with your service coordinator for assistance in completing Form 1-9b, **Application for Income Adjustment**. Attach documentation for **each** item you list as an extraordinary expense, and a copy of your most recent federal income tax return. Send it to the Birth to Three Service and Support Office (see page 36) and describe that documentation on the form. Missing or incomplete documentation for an expense will delay any adjustment for that item. Any other expenses with complete documentation will be reviewed for possible adjustment. Within one week of receiving your application, the manager will respond in writing with the decision.

If you disagree with the decision or the amount of the adjustment, you may appeal within 30 days and an administrative review hearing will be scheduled. You must personally appear at this hearing or the appeal will be cancelled.



## How much will I have to pay for these services? CONTINUED

If your allowable extraordinary expenses reduce your adjusted gross family income enough to lower your monthly payments, the letter will tell you the amount of your future payments. Approved adjustments apply to future payments only and may not be retroactive, so it is important to complete and submit your application with all documentation as soon as possible.

### **Allowable Extraordinary Expenses**

 Please see the Appendix on page 44 for a description of allowable extraordinary expenses and required documentation.

If your family income or extraordinary expenses change, tell your service coordinator that you need to file a new financial information form or application for income adjustment form or both, because either one may affect your payment obligation.

If you fall behind in your payments and the amount you owe equals three monthly payments or more, you and your Birth to Three program will be notified that most services are suspended. Service coordination, periodic assessment, IFSP development and evaluation, and procedural safeguards can continue to be provided at no cost.

### **An Important Point**

 Tell your service coordinator if your health insurance coverage or income changes since this will affect your cost participation.



## Monthly Family Cost Participation

Family Adjusted Gross Income	TABLE #1*				TABLE #2**			
	Family Size				Family Size			
	3 or fewer	4	5	6 or more	3 or fewer	4	5	6 or more
Less than \$45,000 (or Medicaid eligible) . . . . .	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
\$ 45,000 – \$ 55,000 . . . . .	\$ 15	\$ 10	\$ 5	\$ 5	\$ 30	\$ 20	\$ 10	\$ 10
\$ 55,001 – \$ 65,000 . . . . .	\$ 20	\$ 15	\$ 10	\$ 5	\$ 40	\$ 30	\$ 20	\$ 10
\$ 65,001 – \$ 75,000 . . . . .	\$ 25	\$ 20	\$ 15	\$ 10	\$ 50	\$ 40	\$ 30	\$ 20
\$ 75,001 – \$ 85,000 . . . . .	\$ 35	\$ 30	\$ 25	\$ 20	\$ 70	\$ 60	\$ 50	\$ 40
\$ 85,001 – \$ 95,000 . . . . .	\$ 65	\$ 60	\$ 55	\$ 50	\$130	\$120	\$110	\$100
\$ 95,001 – \$105,000 . . . . .	\$ 75	\$ 70	\$ 65	\$ 60	\$150	\$140	\$130	\$120
\$105,001 – \$125,000 . . . . .	\$ 95	\$ 90	\$ 85	\$ 80	\$190	\$180	\$170	\$160
\$125,001 – \$150,000 . . . . .	\$120	\$115	\$110	\$105	\$240	\$230	\$220	\$210
\$150,001 – \$175,000 . . . . .	\$145	\$140	\$135	\$130	\$290	\$280	\$270	\$260
\$175,001 and over . . . . .	\$170	\$165	\$160	\$155	\$340	\$330	\$320	\$310
I do not wish to disclose our income . . . . .	\$170	\$165	\$160	\$155	\$340	\$330	\$320	\$310

\*TABLE #1 applies to families who consent to health insurance billing or who have no health insurance.

\*\*TABLE #2 applies to families who have health insurance but who do not consent to billing.



## What are my responsibilities?

Your most important responsibility is to be an active member of your child's Birth to Three team. This means sharing information, actively taking part in developing the IFSP, and getting involved during the early intervention visits.

Active participation is easier if you work with the Birth to Three program staff during their visit. Hold or sit close to your child and practice new teaching techniques and ways of learning together. If the television is on, turn it off so you can focus on learning how to teach your child new skills. Do not plan to take care of chores, return phone calls, or be in another room while the early interventionist is in your home. Early intervention visits are like coaching sessions where Birth to Three staff teach you new ways of teaching your child. You

can then work on goals with your child during playtime, meals, bath time, and other daily activities. Try to make learning fun for your child!

If you cannot be available for a visit, call **at least 24** hours ahead to cancel. Then you can reschedule at a time that is convenient for both you and the provider.

It is also important to remember that services and supports are flexible and adjustable. If your child is not making the progress you expect and have planned for, discuss this with your service coordinator.

It is your responsibility to talk with her or him about new things you see your child doing, or things you expected to see that he is not yet doing, so that you can plan together for changes.



*Look at **playing** with your child as an **opportunity to practice** new skills. **Try to make learning fun!***

# How do I get the most out of my visit?

## BEFORE Your Visit:

- ❁ **Be prepared.** Make sure you schedule your visit when you can be there and not have a lot of distractions. Decide how brothers and sisters will be involved or plan an activity for them.
- ❁ **Plan the agenda.** Let the Birth to Three staff know what you want to discuss at your visit. Remember or write down any questions that you may have since your last visit.
- ❁ **Be ready to share what has happened since your last visit.** Think about or make a list of anything you think is important to share such as a trip to the doctor or changes in routine. Think about what suggestions have worked well and those that have not worked so well.



**Celebrate Successes!**  
Even the tiny ones!!

## DURING Your Visit:

- ❁ **Ask questions.** Make sure you understand what is being said. If you are not sure why something is being done, just ask. If it helps, ask for things in writing.
- ❁ **Ask for a demonstration.** Ask to be shown anything you don't understand. Practice strategies together during the visit. Hands-on instruction is the best way to learn.
- ❁ **Discuss ideas for carry over between visits.** Practice time between visits is just as important as the visit itself. Be sure to talk about ways to use the strategies and activities during everyday family activities.

## AFTER Your Visit:

- ❁ **Try things out.** Try out the suggested activities. What is working? What isn't?
- ❁ **Make a note of it.** Remember to make a mental note or keep a notebook for questions that may come up between visits.
- ❁ **Have fun.** The best teaching and learning occurs when you and your child are having fun.





## Frequently Asked Questions

**Q** How do we decide how often my child will need services?

**A** How often you and your child are coached by your early intervention team depends on a number of things:

- ❁ Your child's individual needs
- ❁ How long your child can practice new skills before getting tired
- ❁ How quickly your child learns new things, since some children need more practice than others before fully mastering a new skill

The visit schedule may change over time. You and your Birth to Three team will measure your child's progress and make changes to your IFSP when needed.

**Q** Why is my child's teacher talking with me about his speech needs? Don't I need someone who is an expert in speech and language?

**A** Your program's staff "team" with you and each other to reduce the number of people with whom you need to coordinate services and recommendations. Your service coordinator's job is to make sure that information gets shared across everyone on your team who is listed on your IFSP. Everyone on your team must periodically spend time with you and your child, but this transdisciplinary teaming across professional specialties cuts down on the number of phone calls you need to make and receive, and reduces the number of different people you and your child need to get used to and fit into your schedule. Your child and family still get the special knowledge of all the different professionals on your team with fewer demands on your time.

**Q** Would my child improve faster if he got services five times a week instead of once a week?

**A** Imagine that you are learning to play a musical instrument. You would quickly learn the importance of practicing between your lessons. Taking three or even five lessons each week would not speed up your learning process without practice. Children also develop by using new skills over and over during their daily lives. Time between visits is the most important time for learning. During visits, you and your Birth to Three staff choose the skills you will work on and figure out how you can practice them during mealtimes, bath times, and other daily activities. This helps your child work on new skills many times each day. *It is this practice that counts!*

**Q** If my child doesn't seem to be making progress, does that mean that he needs more services?

**A** Sometimes children seem to pause in their development in one area while they focus on growth in another. When your child's progress appears to have slowed it is time for your team to talk about what is happening, and

- ❁ Look at the strategies that are being used
- ❁ Consider what is working and what is not
- ❁ Talk with your team about how progress toward achieving the outcomes is being measured.

This is often more effective than increasing the frequency of services.





## Frequently Asked Questions CONTINUED

**Q** What if my doctor and Birth to Three provider have different recommendations on how often my child needs services?

---

**A** Sometimes your provider and doctor may have different recommendations because they are familiar with different ways of evaluating children and delivering services. The provider's job is to help your family understand and meet your child's *developmental* needs throughout everyday activities. The medical doctor may be looking for a provider or therapist to treat a *physical* or health problem directly. The doctor may not be aware that Birth to Three services are carried out during daily routines. When your doctor and Birth to Three provider have different recommendations, it is helpful for them to talk with you and each other.

**Q** Do we need to get therapy in a clinic, where there are fewer distractions and more specialized equipment?

---

**A** A clinic setting is only used when specific equipment that is not transportable is necessary to achieve an outcome, for example ongoing audio-logical services. Children learn best when they are comfortable and happy. When children learn skills in a clinic, they may not be able to use those skills outside of the clinic. It is important for children to learn new skills in many places and with different people. This will make it easier for them to use the skills in familiar, everyday activities.



**Q** Who Me? How can I be expected to practice physical therapy (for example) if I am not trained as a physical therapist?

---

**A** Everyone who works in Birth to Three, including physical therapists, has expertise in their specialty, but you are the expert on your child and his life. The therapist's role is to teach you ways to help your child grow and develop. The practicing you do with your child during your daily time together is more important than the brief therapist's visit for helping your child really learn new skills.

**Q** I work all day. Can my program's staff work with my babysitter or childcare center teacher?

---

**A** It is important that everyone who takes care of your child knows how to meet his special needs and teach him new skills, including people who care for him while you are at work. Your involvement as his parent is most important, so building in a method for you to receive the information shared with other caregivers is critical for your

child's success. Birth to Three staff will work with all of you to help your baby learn – at home, at the babysitter's, and in the community.

**Q** My son has been using a stander (a piece of assistive technology equipment) while in Birth to Three, but we're getting ready to transition in a few months when he turns three. Do I get to keep his equipment?

---

**A** All **assistive technology** devices should be listed on your IFSP, including who paid for it. If you or your insurance company paid 51% or more of the cost for the item, it belongs to your family and you keep it. If Birth to Three paid 51% or more, it belongs to the Birth to Three System. You may continue to use the item, even after your child turns three, but when it is no longer needed or is outgrown, please return it to your Birth to Three program.





## Frequently Asked Questions CONTINUED

**Q** I already pay state and federal taxes, so why do I have to pay the state again for early intervention?

---

**A** Payments for early intervention are not a tax, but a fee for receiving services. This is similar to other fees that the state collects for items such as licenses, permits, registrations, or inspections.

**Q** My friend gets twice as many early intervention visits per month as I do, yet our income and family size are the same so we pay the same monthly fee. Why doesn't she need to pay more?

---

**A** The frequency of early intervention visits is based on the child and family's needs, while the monthly fee is based on the family's ability to pay which is determined by income and family size. Your friend's child or family may have more significant needs requiring more frequent service visits.

**Q** Since I'm paying for early intervention, can I ask for more early intervention visits?

---

**A** The decision about whether more visits are recommended is not related to payments in any way. You can talk with your service coordinator at any time about reviewing your IFSP due to changes in your child's or family's needs. However, making monthly payments does not entitle you to more frequent visits.

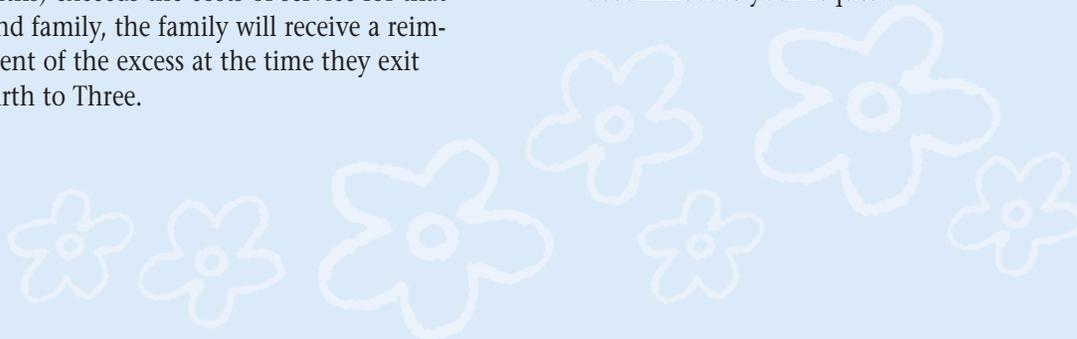


**Q** Is the state trying to make a profit by collecting from both families and health insurance companies?

**A** No. The costs of providing early intervention are almost always greater than the funds collected from these two sources. For most programs the annual cost to the state is \$7,000-\$7,300 per child per year. If the total income from a family's health insurance reimbursements (a maximum of \$3,200 per calendar year under state law) plus their monthly payments (a maximum of \$2,040 over 12 months) exceeds the costs of service for that child and family, the family will receive a reimbursement of the excess at the time they exit from Birth to Three.

**Q** I don't like the person who is coaching me and my child. Can I get a different provider?

**A** You can always talk with your provider about your concerns, or the program director may be able to have a different team member work with you and your child. Keep in mind that your team is made up of people with specific kinds of training and expertise to match your objectives for your child and family. Your Birth to Three program may or may not have a second qualified staff person to accommodate your request.





## Frequently Asked Questions CONTINUED

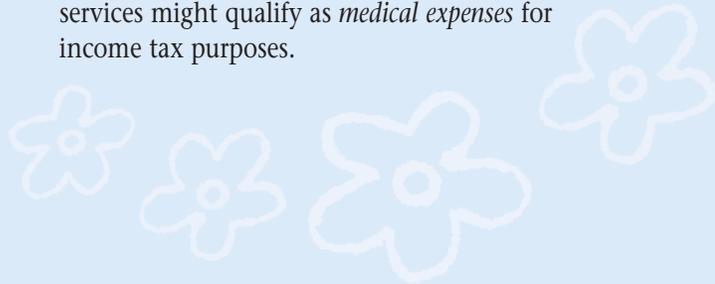
**Q** My family is planning to move next month. How will this affect our early intervention sessions?

**A** Tell your service coordinator if you are moving so they can help you prepare for this change in your family life. If moving out-of-state, your service coordinator can help put you in contact with that state's early intervention system. If you are moving to a new town in Connecticut that is served by your current program, you may not need to change anything on your IFSP. If your current program does not serve your new hometown, your service coordinator will contact the Child Development Infoline to see which programs have an opening to work with families in that town. Once you choose a new program and give written permission, your current service coordinator will transfer your early intervention records to the new program. Then the new program will contact you to schedule an IFSP review so that you can make decisions with your new team members about your goals for your child

and family and how best to meet them. Your IFSP outcomes and strategies probably won't change very much, but the exact service schedule and personnel probably will change. Telling your service coordinator about a family move as soon as it is decided can help prevent a long delay between your last session from your current provider and the first session with your new provider.

**Q** Are my monthly early intervention payments tax deductible?

**A** They may be, but individual circumstances vary widely and the IRS tax code is subject to change. Please consult with your tax preparation professional to determine whether your child's particular services might qualify as *medical expenses* for income tax purposes.



# What are my rights?

The IDEA gives you certain rights under the Birth to Three System beginning immediately with your first contact with Birth to Three, whether you called to refer your child or someone else did. If at any time you are not sure of your rights, please talk with your service coordinator, program director, regional manager, or the Child Development Infoline. Your service coordinator should also give you a brochure called, **Staying In Charge**, that describes your rights in more detail. Here is a brief summary:

❁ **You have the right to participate** in planning services for your child. You can include anyone you want in these meetings. Meetings should be at a time that is convenient for both you and your service coordinator. Do not be afraid to ask to have a meeting time changed to suit you. You may request a meeting at any time, or postpone a meeting in progress if needed. IFSP meetings must be held in your native language or other mode of communication you need, such as Braille or sign language, unless it is not possible to do so. You may ask for an interpreter to help you understand and actively participate in the IFSP discussion.

- ❁ **You have the right to be notified** before any action takes place. You must be told in advance about any meetings, evaluations, services, or actions affecting your child under the Birth to Three System. This is called *prior written notice*. You will be asked to sign forms given to you by your service coordinator to show you agree. You can change your mind at any time.
- ❁ **You have the right to request a meeting** to review the supports and services your child and family receive. If at any time you want to change or discontinue a service, or you think a different service within Birth to Three will help you reach your outcomes, your service coordinator will work with you to change your child's IFSP. You can accept all or some of the services and supports offered.
- ❁ **You have the right to privacy.** Information about your child or family is **confidential**. Only select Birth to Three staff, **Lead Agency** auditors, and **accrediting agencies** can review your child's record without your specific written consent.





## What are my rights? CONTINUED

❁ **You have the right to examine your child's record.** An electronic record is begun at the time your child is referred, and updated until you exit. Your service coordinator also maintains a folder with important papers. You may schedule an appointment to examine these records at any time. If you do not understand anything in the record, it will be explained to you. If you do not agree with something in the record, you can request to have it changed.

❁ **You have the right to complain** about or disagree with the Birth to Three System. There are four ways to do this.

1. Very often the quickest and most satisfying way to resolve a concern is to talk with your service coordinator, program director, Child Development Infoline, or Birth to Three Service and Support Office. They will work to understand the problem and can try to make adjustments to meet the needs of the situation or explain why something is usually done a certain way.

2. If this is not successful or if you choose, you may also file a written complaint. The letter should be addressed to:

Linda Goodman, Director  
CT Birth to Three System  
460 Capitol Avenue  
Hartford, CT 06106-1308

and must include your name, address, and phone number; the name and address of the program or person that you are complaining about; plus a statement of what the complaint is about. It would be helpful to also include the best days and times that you can be reached by telephone.

CONTINUED, NEXT PAGE

CONNECTICUT BIRTH TO THREE SYSTEM



The Director will then ask a Birth to Three manager or an independent person to investigate your charges. That person will contact you to see if you have any additional information that you want to submit. The Director will send you a written response within sixty calendar days that will include:

- The facts and conclusions
- The reason for the decision
- The corrective actions, if needed, that will be taken

3. Another way to resolve a disagreement is to write to the Service and Support Office to request **mediation**. Mediation allows you and your program's staff to talk about the details of your disagreement with an impartial, trained mediator. The mediator will work with you and your program to find a solution that suits both of you, then write up the terms of your agreement. Mediation works well in many situations, and you are encouraged to consider this option, but you are not required to use mediation.

4. You may also write to the Service and Support Office to request a **due process hearing**, a more formal process conducted before an impartial hearing officer. You would usually have legal counsel or another person with professional knowledge of your child represent you. The Birth to Three System would be represented by an Assistant Attorney General.

Witnesses are called to testify and are cross-examined, evidence is presented, and shortly after the hearing ends, the hearing officer issues a written decision. The hearing is provided at no cost to you, but you must pay for any professionals that represent you.

You can request a brochure on mediation or due process hearings from the Service and Support Office, including a list of free or low-cost legal services.

While a complaint is being resolved in any of these ways, you have the right to continue receiving services not in dispute until your child turns three or unless you and Birth to Three agree that this is not in your child's best interest.



## Connecticut Birth to Three Contact Information



**CALL**

### **Service & Support Office**

**FOR INFORMATION ABOUT  
BIRTH TO THREE SERVICES**

**Phone: 1-866-888-4188 Fax: 860-571-6853**  
1344 Silas Deane Highway, Rocky Hill, CT 06067

**Email: [thomas.coakley@po.state.ct.us](mailto:thomas.coakley@po.state.ct.us)**



**CALL**

### **Child Development Infoline**

**Phone: 1-800-505-7000 Fax: 860-571-6853**  
1344 Silas Deane Highway, Rocky Hill, CT 06067

**Email via: [www.birth23.org](http://www.birth23.org)**

Addresses subject to change.  
Please call to confirm before mailing any important documents.

## Other Sources of Information

The Birth to Three website is a great source of information that is updated often. You will be able to download a copy of the Birth Through Five News, discover the skills that other children your child's age are also learning, explore training opportunities, or connect with other families.



Visit us at:  
**[www.birth23.org](http://www.birth23.org)**

# How can I get more involved with the Birth to Three System?

There are many ways that you and your family can get involved with the Birth to Three System beyond the service and support activities specifically designed for you. The Birth to Three System depends on your ideas and information to keep supports and services family-centered. Think about what is important to you, when you are available, and the kinds of activities you are interested in. Here are some examples:

- ✿ serving on committees or task forces created to address a specific topic
- ✿ reviewing written materials
- ✿ responding to surveys or phone interviews about Birth to Three
- ✿ participate with your State or Local Interagency Coordinating Council

## Join an LICC

Local Interagency Coordinating Councils (LICCs) around Connecticut work on behalf of young children with disabilities and their families to:

- ✿ promote communication and collaboration among agencies in the community
- ✿ share ideas and solutions in their communities
- ✿ advise the systems that support children and their families from birth through age five

To find out more about these and other possibilities, contact Eileen McMurrer at 860-418-6134. You may also join a parent listserv and connect with other families by contacting the Connecticut Family Support Network at (860) 657-8180 or [jtcarroll@cox.net](mailto:jtcarroll@cox.net). More information is available at [www.ctfsc.org](http://www.ctfsc.org).





## When is it time to leave Birth to Three?

It is good to think about and plan for the future all throughout your family's Birth to Three experience. Just as supports and services are adjusted when your child makes developmental gains, these early intervention activities will be replaced by other community activities at some point. You may notify your service coordinator that you wish to transition out of Birth to Three at any point, or your service coordinator may discuss ending Birth to Three visits if your child no longer needs early intervention. By law, Birth to Three services and supports will end when your child turns three years old. New partners will enter your life as you plan to say good-bye to Birth to Three.

If your child leaves before age three or if your child will not be receiving preschool special education, your service coordinator will work with you to identify other available activities in your community.

### Community Activities

- ❁ library story hours
- ❁ local play groups
- ❁ recreational programs
- ❁ Head Start
- ❁ community nursery schools
- ❁ childcare centers

There are many community activity options to choose from that you and your child may enjoy. If you would like, your service coordinator can help you collect information about how to enroll in a program and possible funding or scholarship information. You will receive prior written notice that Birth to Three services are ending and a transition conference will be held to develop your transition plan.

The Birth to Three System is required to provide local school districts with quarterly information

about children receiving early intervention so that they can plan ahead for when these children are old enough to be receiving their educational services. If you give specific written consent, your child's name and birthdate are given to the school district. If you do not give consent, only the birthdate is given as required by law.

If your child needs special education services beyond age three, your service coordinator will help you to work with your local public school system to determine your child's eligibility for preschool special education and related services. Planning for this transition may begin anytime, but usually increases during the nine months before your child turns three.

# How does a transition to school happen?

All families go through similar steps when their child is ready for transition to preschool special education:

## STEP 1: Notification

Your service coordinator will assist you in notifying your **Local Educational Agency (LEA)** about your child at any time with your written permission. Letting the school district staff know about your child helps them plan for future needs and numbers of students. It also allows you to get to know the people you will be working with if your child transitions to preschool special education at age three.

### Transition Steps

1. Notification
2. Referral
3. Conference

AND, IF ELIGIBLE,

4. Develop IEP

## STEP 2: Referral

Even if you have already notified your school district about your child, a formal referral must be made if you are interested in preschool special education. You may choose to either refer your child to your LEA yourself or have your service coordinator refer your child. You will receive a transition handbook that is similar to this, but has more detailed information specifically about the transition, and your service coordinator will loan you the Birth to Three System movie called **Transition to School Services**. Formal referral must include completion of a referral form that is sent to the LEA, preferably at least six months before your child turns three. Families who decide to refer *before* their child reaches two and a half report that the process is completed more easily. Each LEA has a procedure in place to determine eligibility. They all use several methods to learn about your child's abilities. For a variety of reasons, not all children who were eligible for Birth to Three will be eligible for preschool special education.



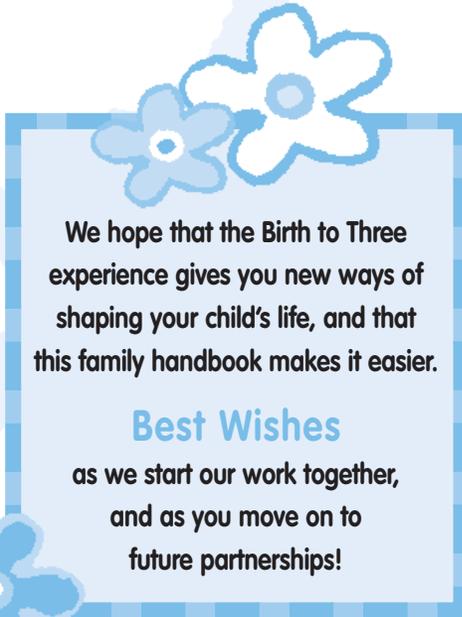


### STEP 3: Transition Conference

At least three months (90 days) before your child turns three, you will meet with your Birth to Three team to develop your child's transition plan (see sample on page 12). The plan outlines the steps that you and your family, Birth to Three, and your LEA will follow in the next few months. It will include a plan to determine your child's eligibility for special education services through your LEA if you request this. This next step only takes place if your child has been determined to be eligible and will definitely be moving on to preschool special education services.

### STEP 4: Developing an IEP

If your child will be enrolling in a special education program, you and your child's **Planning and Placement Team (PPT)** will develop an **Individualized Education Program (IEP)**. The IEP is a written plan for providing special education to your child during the school year including annual goals and objectives, and the methods and people who will help your child achieve them in the **Least Restrictive Environment (LRE)**.



We hope that the Birth to Three experience gives you new ways of shaping your child's life, and that this family handbook makes it easier.

**Best Wishes**  
as we start our work together,  
and as you move on to  
future partnerships!

# Glossary

**accrediting agencies:** national organizations that give an “approved” status to those programs that meet their standards for excellence

**adjusted gross annual family income:** the total amount of money you (and your spouse) earn before any taxes and after allowed adjustments. IRS allowed adjustments may include certain retirement fund contributions, student loan interest, moving expenses, alimony paid, medical savings account deduction, and others.

**advocate:** a person who speaks for the best interests of another person

**assistive technology:** devices or services that allow or improve your child’s independence in daily activities (for example, a curved handle on a spoon for easier self-feeding; wheelchair; communication device)

**Birth to Three program:** an agency approved by the Birth to Three System to provide any of the possible services and supports listed on page 8 that your child and family may use to reach your IFSP outcomes

**Birth to Three team:** people who have specialized knowledge about what works to reach developmental outcomes; always includes your family, and may include one or more therapists, a teacher, and other professionals who match your goals and needs

**confidential:** private; cannot be shared without your permission

**consent:** the approval that you give for someone to do something; consent in Birth to Three is always voluntary and may be cancelled at any time

**co-payment:** the part of the total cost of a medical bill that you are responsible for paying

**deductible:** the amount of money that you must pay each year before your health insurance will begin to pay for services

**development:** the process of learning and mastering new skills over time; includes ability to move, communicate, think, see, hear, and play with toys or other people

**disabilities:** conditions that limit or slow down one or more kinds of development





**due process hearing:** the most formal way to resolve a disagreement between an enrolled family and the Birth to Three System; usually used after verbal discussion, written complaint, and/or mediation have not successfully resolved the complaint

**early intervention:** supports and services offered to an eligible child and family, early in the child's life, in order to improve the child's ability to live, learn, and play in their community

**eligible:** meeting the requirements to participate

**entitlement:** all eligible children will receive services regardless of any other factor (such as family income, birth country, etc.)

**IDEA (Individuals with Disabilities Education Act):** a federal law that guarantees certain educational rights for all people, including those with disabilities. Part C covers birth up to three; Part B covers ages three to twenty-one

**IEP (Individualized Education Program):** a written education program for each student in special education developed by a team of professionals (teachers, therapists, etc.) and the child's parents

**IFSP (Individualized Family Service Plan):** a written plan describing the outcomes you want for your child and family, the Birth to Three services and supports used to reach those outcomes, as well as where and when they take place and who will work with you

**LEA (Local Educational Agency):** your local public school district

**Lead Agency:** the state agency that operates or contracts with the programs that are approved to provide Birth to Three services, assures quality, and conducts billing audits in order to maintain compliance with all applicable laws; the Lead Agency in Connecticut is the Department of Mental Retardation

**LRE (Least Restrictive Environment):** a legal term meaning that each child with a disability has a right to be educated with their nondisabled peers when appropriate and should remain in a regular education setting unless it is not appropriate to do so

**mediation:** a way to settle a conflict so both sides win. Parents and professionals discuss their differences and, with the help of a trained mediator, reach a settlement that both sides accept.

**multidisciplinary evaluation:** having professionals with different kinds of training (e.g., a speech pathologist and a physical therapist) use tests to identify your child's abilities and needs

**natural learning opportunities:** the everyday routines and activities of life that can be used to teach and practice new skills (for example, snack time, diaper changing, bath time)

**OT (occupational therapy):** activities designed to improve fine motor skills (finger, hand, or arm movements) and oral-motor (eating, swallowing) abilities

**outcomes:** the changes that a family wants to work toward achieving

**PT (physical therapy):** activities designed to improve gross motor skills (leg, back, or whole body movements)

**PPT (Planning and Placement Team):** a group of professionals from your LEA who will determine your child's eligibility for preschool special education after age three, and help to develop your child's IEP.

**“self-funded” health insurance:** insurance coverage in which actual medical bills are paid by an employer who contracts with an agency to manage those

payments (rather than the more common type of health insurance in which an employer pays a flat fee per employee to a health plan).

**speech and language services:** activities or materials designed to improve your child's ability to understand and express ideas and information

**service coordination:** a way to bring together the different people, information and resources that your child and family may work with as a team. Your service coordinator is the person who will help the most to make these connections and identify resources

**special education:** programs, services or specially designed instruction to meet the unique needs of children over three years of age with special needs who are found to be eligible; these include special learning methods or materials in the regular classroom, and special classes and programs if the child requires them



Visit us on the web!  
[www.birth23.org](http://www.birth23.org)





# Appendix

## Allowable Extraordinary Expenses for Possible Income Adjustment

### May Include:

### Documentation Required:

#### MEDICAL EXPENSES GREATER THAN 6% ADJUSTED GROSS ANNUAL INCOME

**Unreimbursed Expenses for the Enrolled Child:** prescription diets, durable medical equipment (the portion that is not reimbursed by your insurance plan), unreimbursed dental or orthodontia expenses; could also include ramps, lifts, or other accessibility modifications that are required for your child who is receiving early intervention services.

**For the Immediate Family (parents and brothers and sisters of the enrolled child):** Unreimbursed medical expenses, unreimbursed prescription medications, health insurance premiums and deductibles

Copies of bills or receipts and an explanation of each. The total amount must be greater than 6% of your adjusted gross annual income. Only the portion that is more than 6% will be deducted.

#### PAYMENTS MADE TO SUPPORT FAMILY MEMBERS LIVING OUTSIDE YOUR HOME

Payments to support immediate family members who do not live at your address, including parents, siblings, and other children.

Copies of cancelled checks and an explanation of the purpose, or a copy of the child support agreement.



## Allowable Extraordinary Expenses for Possible Income Adjustment (continued)

### May Include:

### Documentation Required:

#### HOME REPAIRS NECESSARY TO MAINTAIN YOUR HOME IN A LIVABLE CONDITION

Out-of-pocket, current year expenditures not covered by your home owners insurance that are necessary to allow you to continue to live in your home or would be required for a Certificate of Occupancy. Examples might be repairs to the roof, plumbing, and electrical wiring, or replacing a broken furnace or water heater. It does not include normal home maintenance, home additions, general home improvements, landscaping, or decorative improvements.

Invoices, cancelled checks, and an explanation of the purpose of the repair.

#### EDUCATIONAL EXPENSES (UP TO \$10,000 PER YEAR)

Tuition, books, room and board for college or technical schools and tuition for non-public schools up to a yearly maximum of \$10,000 for you as a parent or any sibling of the child receiving early intervention services. Only payments made in the current year are considered allowable. This does not include repayment of student loans.

Tuition or room and board bills, or cancelled checks, or textbook receipts. No more than \$10,000 will be deducted.



## Allowable Extraordinary Expenses for Possible Income Adjustment (continued)

### May Include:

### Documentation Required:

#### JOB-RELATED NECESSITIES

Required purchases of tools, equipment, uniforms or materials for your job that are not furnished or reimbursed by your employer. Only purchases made during the current year are considered allowable. This does not include wage earners who are self-employed.

Your job title plus a copy of your IRS 1040 form or receipts plus an explanation of each.

#### MANDATORY PAYMENTS ON LARGE ACCUMULATED DEBTS

Court-ordered payments, payments negotiated between you and various creditors, or payments negotiated by a debt-counseling service. This does not include making any payments on your credit card balance, mortgage or rent payments, car payments or payments to a line of credit or other bank loans.

Copy of Court Order, written payment plan, or written agreement with creditor(s).



## Allowable Extraordinary Expenses for Possible Income Adjustment (continued)

### May Include:

### Documentation Required:

#### CHILD CARE EXPENSES WHEN CHILD'S PRIMARY CAREGIVER IS EMPLOYED

(UP TO \$20,000 PER CHILD INCLUDING THE ENROLLED CHILD OR SIBLINGS OF THE ENROLLED CHILD)

The annual cost of child care as long as the parent who could look after the child is prevented from doing so due to employment outside the home or active searching for employment that removes the parent from the home on a regular basis.

IRS 1040 form, or a copy of a fee schedule, or one-month invoice from the child care provider, or a cancelled child care payment check.



Notes: \_\_\_\_\_





**Service & Support Office**

1-866-888-4188

[www.birth23.org](http://www.birth23.org)

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