NYC
Health

Itinerant Service Provider Consent for Pull-Out Services

This three-part form needs to be completed if a child in a child care program will be receiving individualized, pull-out services by an outside service provider.

Part A: Service Provider's Acknowledgment/Understanding

I, (service provider) _____, acknowledge and understand that I will be responsible for the care and safety of (name of child) _____ while I am providing services required pursuant to the U.S. Individuals with Disabilities Education Improvement Act (IDEA) Part B and/or Part C, Section 504 of the U.S. Rehabilitation Act of 1973, and/or Article 89 of the New York State Education Law.

Service Provider Signature: _____

Date: _____

Name of Agency: _____

Name of Agency Contact: _____

Agency email/phone: _____

Service to be provided: _____

Part B: Parent's/Guardian's Permission

I, (parent guardian) _____, allow my child, (name of child) _____, to receive services provided by the service provider named in Part A of this form, pursuant to the U.S. Individuals with Disabilities Education Improvement Act (IDEA) Part B and/or Part C, Section 504 of the U.S. Rehabilitation Act of 1973, and/or Article 89 of the New York State Education Law.

I understand that child care program staff will not be directly supervising this service provider while my child is receiving these services.

Parent/Guardian Signature: _____

Date: _____

Part C: Child Care Program's Acknowledgment

I, (child care program director) _____, acknowledge the receipt of this consent and will keep it on file, as required by the New York State Office of Children and Family Services.

I confirm that the child named above is receiving these services in a space approved by the New York City Department of Health and Mental Hygiene and listed on my Child Care Permit (child care permit#) _____. Should services require space outside of the classroom, the designated, approved spaces used are listed below:

Room Number/Name _____   Floor _____

Room Number/Name _____   Floor _____

Room Number/Name _____   Floor _____

Operator/Director's Signature: _____

Date: _____