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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**Division of Medicaid ServicesF-00315 (02/2017)  |
| **WRITTEN PRIOR NOTICE** |
| **Situation / Decision Requiring Written Prior Notice:**[ ]  Evaluation recommendation [ ]  Eligibility [ ]  Services [ ]  Transition [ ]  Discharge |
|  |
| Name – Child | Date of Meeting / Notice |
|       |       |
| Your child’s Early Intervention team has proposed to [ ]  initiate [ ]  change [ ]  continue [ ]  reject:  |
|       |
| Other options considered include: |
|       |
| The **information** used to make this decision included (list the source utilized): |
|       |
| The **reasons** for this decision included (list the information obtained from the source): |
|       |
| You have the right to refuse consent for an evaluation or service. Accompanying this letter is a copy of the Parent and Child Rights brochure which contains a brief review of the rights. If you would like a complete copy of the Parent and Child Rights document or have questions, please contact me. |
| Name – Service Coordinator | Telephone Number |
|       |       |