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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**  Division of Medicaid Services  F-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 |
|  | |  |