

**NOTICE OF 3 CONSECUTIVE MISSED HOME-BASED SESSIONS**

Child's Name: \_\_\_\_\_

Child's EI #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider's Name: \_\_\_\_\_

Provider's Signature and Title: \_\_\_\_\_

**Please fax or email asap to Emilia's Kids, do not wait until billing is due. PLEASE NOTE Failing to follow DOH requirements to report when services are not provided as per frequency and duration will delay billing and payment.**

**Authorized Service:**

(Please Check One)

- |   |   |
|---|---|
| <input type="checkbox"/> Family Training  | <input type="checkbox"/> Special Instruction  |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Social Work          |
| <input type="checkbox"/> Speech Therapy   | <input type="checkbox"/> Occupational Therapy |

Frequency and Duration: \_\_\_\_\_ X  30 min  60 min /  Week  Month

Session Dates Missed: \_\_\_\_\_

**Reason for Missed Sessions:**

(Please check one or more – if there are multiple reasons for missed sessions, document which reason corresponds to each session in the space provided below)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Child sleeping               | <input type="checkbox"/> Provider sick        |   |
| <input type="checkbox"/> Child sick                   | <input type="checkbox"/> Provider on vacation | Date Parent Notified(at least 5 days before)_____ |
| <input type="checkbox"/> Family moved                 | <input type="checkbox"/> Family on vacation   | Date Returning : _____                            |
| <input type="checkbox"/> Other (please explain below) |   |   |

**If family on Vacation please have the parent sign below:**

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clarification of reason(s) for Missed Sessions:**

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

**Make-Ups Offered:**  Yes Date(s):(must be within 2 weeks) \_\_\_\_\_

**VACATIONS LONGER THAN 14 DAYS**

PARENTS CHOOSE TO :  wait for this therapist to return or  be assigned a new therapist

**Date Received at Emilia's Kids:** \_\_\_\_\_

**Sent to OSC:**

Date: \_\_\_\_\_ Sent by: \_\_\_\_\_