GCI-1113A FORENG (3-19)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)

CHILD TRANSFER FORM

The Service Coordinator must complete this form as outlined in transfer procedures.
For transfers to or within a multi-contract region, email it to the Help Desk azeipiteams@azdes.gov.

Date form submitted: _____

Child is transferring to a: ◯ Multi-Contract Region ◯ Single Contract Region

Child's First Name: _____ Child's Last Name: _____ Date of Birth: _____

I-TEAMS ID: _____ FOCUS ID: _____ CIF ID: _____

Current Address: _____ ZIP Code: 60486

New Address: _____ New ZIP Code: _____

Current eligibility *(check all that apply)*: ☐ AzEIP ☐ DDD-State only ☐ DDD-Targeted Support Coordination (TSC) ☐ DDD-Long Term Care ☐ ASDB

Service Coordination is held by: ◯ AzEIP Contractor ◯ DDD

The complete Child Record will be: ☐ Faxed ☐ Emailed securely ☐ Hand-delivered

Siblings or other children in home (I-TEAMS ID): _____

Describe the child's current status in early intervention *(i.e., needs evaluation, IFSP needing to be scheduled, DDD eligibility pending, ongoing child transfer, etc.)***:**

If the child has an active IFSP, include the services and frequency *(i.e., PT is TL 12 units/6 mo, SLP JV 3 units/6 mo)***:**

Any other important information to share with the receiving Early Intervention Program (EIP):

Reason for transfer: - Select reason - _____

Specify other reason:

Receiving service providing agency who will be providing service coordination:

Name: _____ Phone No.: _____ Email: _____