

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 [azeip.info@raisingspecialkids.org](mailto:azeip.info@raisingspecialkids.org).

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: \_\_\_\_\_

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): \_\_\_\_\_

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**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:** \_\_\_\_\_

Specify other reason:

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Receiving service providing agency who will be providing service coordination:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_