

**CHILD AND FAMILY CONNECTIONS
ACKNOWLEDGEMENT OF RECEIPT OF NOTICES**

Child's Last Name, First Name & Middle Initial: _____

Child's Date of Birth (Month/Date/Year): _____

CBO/EI Number: _____

The CFC will provide an initial copy of the following notices at entry into the Early Intervention Program:

- *Notice of System of Payments & Fees*
- *Notice of Confidentiality Practices*
- *Family Participation Fees Program Fact Sheet*
- *State of Illinois Infant/Toddler & Family Rights under IDEA for the Early Intervention System*

In addition to the initial receipt at entry into the Early Intervention Program, Early Intervention provides additional copies at various intervals. Subsequent receipts are recorded in the Subsequent Log section.

____ I have received an initial copy of the *Notice of System of Payments & Fees, Notice of Confidentiality Practices, Family Participation Fees Program Fact Sheet* and the *State of Illinois Infant/Toddler & Family Rights under IDEA for the Early Intervention System* booklet at entry into the Early Intervention Program.

____ I have not received an initial copy of the *Notice of System of Payments & Fees, Notice of Confidentiality Practices, Family Participation Fees Program Fact Sheet* and the *State of Illinois Infant/Toddler & Family Rights under IDEA for the Early Intervention System* booklet at entry into the Early Intervention Program.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Subsequent Log

Complete the attached areas specific to the appropriate form each time additional copies are provided to the family. Indicate the notice(s) provided, date and obtain parent signature each time additional notices are provided to a family. Make copy of second page if necessary and attach with original.

Notice(s) Received:

List all given this date _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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Witness Signature: _____ Date: _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.