Date

EI

*This writer made contact with the following providers (list each one). Evaluation(s) are scheduled on (date(s)). This writer also contacted the family to confirm who the evaluators will be so they know who to expect a call from to confirm evaluation date(s).*

(Insert your Name), SC

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Date

EI

*This writer faxed front and back of insurance card along with Child and Family Connections consent to use Private benefits to CBO (insurance unit).*

Name, SC