

Agency _____

FRC _____

King County Early Intervention Program Payer of Last Resort Worksheet

Please complete the following information for each Early Intervention service the child/family is receiving as required by the Individuals with Disabilities Education Act (IDEA). This worksheet should be accessible for each child.

Child's Name: _____

D.O.B. _____

Parent/Guardian's Name(s): _____

Family Resources Coordination services

What insurance coverage does this family have? _____? If insurance is not being used to cover the service, use the following codes to indicate why not: (NC) if service is not covered by policy; (AC) for annual cap; (LC) for lifetime cap; (FH) for financial hardship; (DP) if decision is still pending from insurance company (O) is there is another reason. If space is inadequate in the boxes or additional explanation is necessary, please provide additional comment on page 2.

The child's residence is in which school district? _____? Do they contract or provide for 0-3 services? Yes _____ No _____

Check off the funding sources that were attempted for each type of service below (if only FRC services are used, skip table below) :

Early Intervention Service	Date Services began & ended	School District	KCDDD CDS (State)	Private Insurance	Medicaid	Other*
Early Identification & screening						
Evaluation & assessment						
Audiology						
Assistive technology						
Medical services						
Nursing services						
Nutrition services						
Occupational therapy						

Early Intervention Service	Date Services began & ended	School District	KCDDD CDS (State)	Private Insurance	Medicaid	Other*
Physical Therapy						
Speech-Language pathology						
Special Instruction						
Social Work						
Family Training/Counseling						
Psychological Services						
Transportation						
Vision						

Comments:

I certify that I have thoroughly investigated all options of available funding resources for services identified in the child/family IFSP. Payment for the needed services has been denied or the individual/family is not eligible for other assistance except under IDEA Part C.

Signature of FRC _____ Date _____