

**Indiana First Steps
Adjustment to Individualized Family Service Plan (IFSP)
Coversheet**



Child Information			
Name of child	Child ID #	Date of birth (mm/dd/yyyy)	
Adjustment Type			
Due to the concerns around COVID-19 this Individualized Family Service Plan (IFSP) has been adjusted as follows:			
<input type="checkbox"/> Fourteen (14) day break from services – family initiated		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
<input type="checkbox"/> Fourteen (14) day break from services – provider initiated			
Provider name	Discipline	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
Provider name	Discipline	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
Provider name	Discipline	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
Provider name	Discipline	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
Provider name	Discipline	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
<input type="checkbox"/> Remote service coordination		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
<input type="checkbox"/> IFSP with service coordination only		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
<input type="checkbox"/> Virtual visits for allowable IFSP services			
Provider name	Discipline	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
Provider name	Discipline	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
Provider name	Discipline	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
Provider name	Discipline	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
Provider name	Discipline	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)

- This form indicates new protocols implemented as a result of COVID-19 which will remain in place until May 31, 2020 or Indiana’s public health emergency is lifted, whichever date is soonest.
- Signatures on consents and service documents may be obtained verbally via phone, text message, or email during this time.
- This serves as the documentation of changes to the delivery method of IFSP services during this time.

Notes: