



# CONFIRMATION OF START OF INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) SERVICES

State Form 55678 (2-15)  
 FAMILY AND SOCIAL SERVICES ADMINISTRATION  
 DIVISION OF DISABILITY AND REHABILITATIVE SERVICES  
 BUREAU OF CHILD DEVELOPMENT SERVICES  
 FIRST STEPS EARLY INTERVENTION SYSTEM



Federal law denotes that each state's "lead agency is responsible for the development of procedures to ensure that services are provided to eligible children and their families in a timely manner." Indiana has defined timely manner to be **within thirty (30) days of the parent signature on the initial IFSP, or anticipated start dates as signed by the parent on the annual IFSP or Service Change Page.**

Service Coordinators must complete this form and file it in the Early Intervention Record that is maintained at the System Point of Entry (SPOE).

Today's date (month, day, year)		Name of child	
Identification number of child		Date of IFSP (month, day, year)	Date of birth (month, day, year)
Name of Service Coordinator			
Related review: <input type="checkbox"/> Initial IFSP <input type="checkbox"/> Six (6) month review (second quarter) <input type="checkbox"/> ONGOING SERVICE, NO INTERRUPTION (Only for six (6) month (second quarter) and annual review authorizations which are exactly as previous authorizations.) <input type="checkbox"/> Annual IFSP <input type="checkbox"/> Other			

Did all new First Steps services begin within thirty (30) days? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, were any service delays a direct result of family choice or circumstance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Please provide the following information for **services that began within thirty (30) days** below.

Service	Name of Provider	Method of Verification	Date of First Visit (month, day, year)

Please provide the following information for **services that did NOT begin within thirty (30) days** below.

Service	Name of Provider	Start Date (month, day, year)	Explanation