



BabyNet

South Carolina's Early Intervention System

Parent Refusal of Services

Child's Name _____ BabyNet ID # _____

Parent Name _____

My signature below indicates that:

- I decline all BabyNet early intervention services for the above-named child at this time.
- I understand that I may request BabyNet system services at any time up to my child's third birthday.
- I have received a copy of the BabyNet *Notice of Child and Family Rights in the BabyNet System*.

NOTES

Parent/Guardian Signature

Date

BabyNet Intake/Service Coordinator Signature

Date

PLACE LABEL HERE

INSTRUCTIONS
Parent Refusal of Services
BN002

A. PURPOSE

The purpose of this form is to document parent refusal of BabyNet system services.

B. USES

This form is used to document parent refusal of all BabyNet services during a face-to-face meeting prior to development of initial IFSP (i.e., during the intake/orientation visit.

(NOTE: If parent declines services_during initial telephone contact, the Intake/Service Coordinator documents refusal of services in the BabyNet record, sends the parent a Closure Letter with *Notice of Child and Family Rights in the BabyNet System*), and closes the referral in BabyTrac. Use of this form is not required.)

C. Instructions

1. Enter child's name, parent's name and BabyNet ID number as indicated.
2. Child's parent/guardian and the BabyNet Intake Coordinator sign and date the form. Original signed copy is placed in child's BabyNet record.
3. A copy of the form is given to the parent with the *Notice of Child and Family Rights*.