

**Infant & Toddler Connection of Richmond**  
**Application for E/A & DS Funds**

EADS 07/02

By submitting this application, the service coordinator assures that all other resources/funding sources have been explored and determined to be unavailable at the time of submission, including, but not limited to: insurance (public and private); family fees (using standardized Infant & Toddler Connection of Virginia ability to pay mechanisms); and support from public and private agencies and foundations. If other resources/funding sources become available, the service coordinator assures that these will be accessed prior to utilizing federal Part C funds and that the Richmond Infant Council (RIC) will be notified in order to release funds.

**Part C Evaluations and Assessments (E/A):** Maximum of two (2) disciplines. Use this form to request Part C funds for families with private insurance or who are uninsured. Private insurance does not cover Part C evaluations and assessments—which are provided at no cost to families—and should not be billed. Conversely, public insurance covers Part C evaluations and assessments and should be billed.

**Part C Direct Services:** Limit one (1) service per application. Use this form to request Part C funds for: 1) families with public or private insurance that does not cover the specified Part C early intervention service (i.e., non-covered service); 2) uninsured families; and/or 3) families with private insurance who have declined insurance access.

**General Information (PLEASE PRINT)**

Name of Child \_\_\_\_\_  
 Date of Application \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Service Coordinator Information	Provider Agency Information
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**Insurance Information**

Insured                       Private                      Name of Insurance \_\_\_\_\_  
 Uninsured                       Public                      Policy Number \_\_\_\_\_  
 Pending Application               Both

**Application Type (CHOOSE EITHER E/A or DIRECT SERVICE)**

Part C Evaluation and Assessment (E/A)                       Part C Direct Service  
 Discipline 1 \_\_\_\_\_ Service \_\_\_\_\_  
 Discipline 2 \_\_\_\_\_ # Sessions \_\_\_\_\_

**RIC Payment Action Requested**

E/A, non-covered service, uninsured, or declining insurance access – cover total (less family fees)  
 Accessing Insurance                      Co-payment amount per session = \$ \_\_\_\_\_

**RIC Office Use Only**

Child RIC ID \_\_\_\_\_ Amount Authorized\*: \_\_\_\_\_  
 Approved     Yes                       No                       Pending  
 Pending       Pre-Registration     ICDF                       IFSP                      NTE \$ \_\_\_\_\_

Return this form to:  
 Richmond Infant Council (RIC), Attn: Administrative Coordinator  
 Virginia Institute for Developmental Disabilities  
 P.O. Box 843020  
 Richmond, VA 23284-3020  
 Fax (804) 828-0042

Notes:  
 \*RIC provider agencies are responsible for ensuring family fees, if applicable, are collected and deducted from amount(s) billed to the RIC.

**General Information**

Name of Child → Provide the child's first and last names.

Date of Application → Provide the date on which you are completing the application.

Start Date → The date the application is to begin.

End Date → The date the application is to end.

**NOTES:**

- 1) Part C Evaluations and Assessments – start date and end date may not span more than 60 days.
- 2) Part C Direct Services – start date and end date may not a) span more than 180 days and b) cross over June 30<sup>th</sup> and July 1<sup>st</sup> of any given year.

Service Coordinator Information → *At minimum*, provide the name, agency, and telephone number of the service coordinator.

Provider Agency Information → *At minimum*, provide the name and telephone number of the agency that will provide the service and invoice the RIC.

**Insurance Information**

- Insured → Check this box if the child/family have medical/health insurance.
- Uninsured → Check this box if the child/family have no medical/health insurance.
- Pending Application → Check this box if the child/family have applied for medical/health insurance but have not yet been approved.
- Private → Check this box to indicate that the child/family has (or has applied for) private medical/health insurance.
- Public → Check this box to indicate that the child/family has (or has applied for) public medical/health insurance.
- Both → Check this box to indicate that the child/family has (or has applied for) both private and public medical/health insurance.

Name of Insurance → Provide the name of the insurance policy (e.g., Trigon Key Advantage, HealthKeepers, etc.)

Policy Number → Provide the insurance policy number

**Application Type**

- Part C Evaluation and Assessment → If appropriate, check this box and indicate up to two (2) participating disciplines.

- OR -

- Part C Direct Service → If appropriate, check this box and indicate service and number of sessions (corresponding to the period of the application). *(Use a separate form for each service, if more than one.)*

**RIC Payment Action Requested**

- E/A, non-covered service, uninsured, or declining insurance access – cover total (less family fees) → Checking this box instructs the RIC to calculate the amount authorized by multiplying the current RIC usual and customary rates and the number of sessions.

EXAMPLE: Based on the IFSP, the child is to receive PT once per week; the application is for 5 months (1X4X5=20). The family is uninsured or has declined insurance access. The RIC would calculate 20 sessions at \$125.00 (current rate) each, for a total amount authorized not to exceed (NTE) \$2,500.00.

- Accessing Insurance → Checking this box instructs the RIC to calculate the total funds needed to cover the family's co-payment(s) (assumes the family monthly cap = \$0.00 for obligating funds).

Co-payment amount per session → Indicate the family's insurance co-payment amount for one (1) session of the Part C direct service.

EXAMPLE: Based on the IFSP, the child is to receive PT once per week; the application is for 5 months (1X4X5=20). Insurance will be accessed; the family's insurance co-payment amount for PT is \$20.00. The RIC would calculate 20 sessions at \$20.00 each, for a total amount authorized not to exceed (NTE) \$400.00.