

DHS Bureau of Early Intervention Program

EI Technical Assistance and Monitoring Report Form

AGENCY/PROVIDER:

REGION:

DATE(S) OF REVIEW OR SURVEY:

EI TECHNICAL ASSISTANCE MONITOR(S):

ALL VIOLATIONS MUST BE CORRECTED. A WRITTEN PLAN OF CORRECTION MUST BE SUBMITTED TO THIS DEPARTMENT ON OR BEFORE:

_____/_____/_____.

FAILURE TO SUBMIT THE REQUIRED PLAN OF CORRECTION BY THE DATE COULD RESULT IN PAYMENT SUSPENSION OF ALL CLAIMS YOUR AGENCY MIGHT OTHERWISE BE ENTITLED TO FROM THE BUREAU OF EARLY INTERVENTION, SUSPENSION, OR TERMINATION OF EARLY INTERVENTION CREDENTIAL AND ENROLLMENT.

PLEASE SUBMIT THE PLAN OF CORRECTION TO:

_____(MONITOR NAME)
**EARLY INTERVENTION MONITORING PROGRAM
925 W. 175TH STREET
HOMEWOOD, ILLINOIS 60430**

I, THE UNDERSIGNED, HEREBY AGREE THAT I HAVE PRESENTED THE EARLY INTERVENTION MONITORING STAFF WITH ALL REQUESTED DOCUMENTS THAT I COULD PRODUCE AT THE TIME OF THE MONITORING VISIT. I UNDERSTAND THAT UPON SIGNING THIS FORM I CONSENT TO THE CLOSE OF THE INFORMATION GATHERING PERIOD OF THE VISIT. I ALSO AGREE THAT I HAVE BEEN PRESENTED WITH, AND REVIEWED, INFORMATION THAT THE MONITORING STAFF FOUND DURING THEIR VISIT WITH ME/MY AGENCY AND THAT A FINAL REPORT WILL BE PRESENTED TO ME/MY AGENCY AT A LATER, SPECIFIED DATE.

AUTHORIZED AGENCY REPRESENTATIVE OR DESIGNEE SIGNATURE

DATE

EI TECHNICAL ASSISTANCE MONITOR SIGNATURE

DATE