Early Intervention Complaints: A Guide for Families

You can file an EI complaint if your child is not getting services in any area they should get them. This can help get services faster and/or get extra services to make up for missed services.

When should you think about filing a complaint?

You should think about filing a complaint if:

- Your child is not getting services in any area they should get them, or
- Any EI timelines are not met (see below).

What are the EI timelines?

- Within **2 work days** after your child's doctor (or other professional) refers them, a person from the Child and Family Connections agency (CFC) that works in your county (list here), must call you to set up a meeting.
- Within **45 calendars days** after you say they can, the CFC must set up **tests** and make a **plan** that includes the services your child will get (called an **IFSP**).
- Within **30 calendar days** after get an IFSP and consent to services, the CFC must make sure services start.

If these timelines are not met, you can call your CFC/service coordinator to fix the problem. If that doesn't work, you should file a complaint with the Illinois Department of Human Services (DHS). You need to file your complaint within **one year** of the date of the problem.

Why file a complaint?

Your complaint will let DHS know about the problem so they can help by:

- ***Getting your child services faster, and/or***
- ***Getting extra services to make up for the services your child missed.***

DHS will look into the problem and must contact you with a decision within 60 calendar days.

How do I file an EI Complaint?

- Fill in the State Complaint template on the next pages with your information.
- Find your Child and Family Connections contact information here: https://www.dhs.state.il.us/page.aspx?module=12&officetype=4
- It helps to send copies of any paperwork you have about EI with your complaint, like the referral from your child's doctor, your child's evaluations, and/or your child's service plan (IFSP). The EI Bureau and your CFC must give you a copy of your child's EI records within 10 calendar days of asking for them.
- Keep a copy of the complaint.
- Once you fill it out, you can either:
  - E-mail the form to IDHS. For complaints send to **DHS.EIquestions@illinois.gov**. For mediation or due process send to **DHS.BAH@illinois.gov** with a copy to **DHS.EIquestions@illinois.gov**; **OR**
  - Print out and mail the form to IDHS and your CFC at the addresses indicated on the complaint form. Use certified mail so you have proof of delivery.
- Call DHS and your CFC to make sure they got a copy of your complaint.

Need help filing the complaint or have questions about your rights?

Call Equip for Equality for Free Legal Help:

1-866-KIDS-046

(1-866-543-7046)

SpecialEd@equipforequality.org

REQUEST FOR INVESTIGATION OF STATE COMPLAINT

Send copy of completed form to both addresses shown below:

1) Chief Illinois Dept. of Human Services Bureau of Early Intervention 823 East Monroe Springfield, IL 62701	2) Enter the Child & Family Connections (CFC) Information for the child below: CFC #: _____ CFC Name _____ CFC Address _____ CFC City, State, Zip Code

I am hereby filing a complaint because I believe that the provider(s) below violated provisions of the Part C of the Individuals with Disabilities Act (IDEA). I would like for the Illinois Department of Human Services to investigate this situation and impose corrective action. A copy has been submitted to the agency or provider listed in Section 3.

Section 1: Information about the Child and Family

Child's Last Name, First Name & Middle Initial _____

Child's Date of Birth (Month/Day/Year) _____ Phone Number _____

Parent/Guardian/Surrogate's Name(s) _____

Address _____

City, State & Zip _____ Primary Language _____

Section 2: Information about the Person Filing a State Complaint

Name _____

Address _____

City, State & Zip _____ Phone Number _____

Section 3: Service Delivery Agency(ies) and/or Provider(s) who violated provisions of the Early Intervention Program, (Attach additional pages as needed)

Name 1 _____

Address _____

City, State & Zip _____ Phone Number _____

Name 2 _____

Address _____

City, State & Zip _____ Phone Number _____

Section 4: The nature of the violation, including specific facts (Continued on next page):

See attached pages.

Section 4: CONTINUED - The nature of the violation, including specific facts. Attach additional Section 4 pages if needed):

See attached pages.

Section 5: Remedy being sought or proposed resolution (Attach additional pages if needed):

See attached pages.

Attach supporting materials, the request and proposed remedy.

I understand that by requesting complaint investigation I am hereby authorizing the release of information as necessary to investigate the issue(s). I also understand that Department of Human Services Bureau of Early Intervention staff will investigate my complaint and make a determination as to corrective action which may be necessary, and will let me know the outcome. I verify I have sent a copy of this complaint to the agency or provider listed in Section 3.

Signature _____ Date _____

Printed Name _____

Address _____

City, State & Zip _____ Phone Number _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

Section 4: CONTINUED – The Nature of the violation, including specific facts.

My child was referred for Early Intervention services on _____ by _____. Since that time, I believe the following violations have occurred:

☐ The CFC has not called me back since _____

☐ My child has not been evaluated after I gave consent to an evaluation _____

☐ My child was improperly found ineligible for EI services

☐ My child has not received services in his/her Individual Family Service Plan after I consented to those services on _____

☐ My child stopped receiving services required by his/her Individual Family Service Plan as of _____

Additional details:

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Section 5: Remedy being sought or proposed resolution.

I am asking the Early Intervention Bureau to take the following steps:

☐ Ensure my CFC calls me back as soon as possible

☐ Evaluate my child for services and develop an Individual Family Service Plan as soon as possible

☐ Reconsider my child's eligibility for services under an Individual Family Service Plan

☐ Provide the services required by my child's Individual Family Service Plan as soon as possible

☐ Provide my child with extra (compensatory) services to make up for the delays that prevented my child from getting the services he/she was entitled to receive

☐ Reimburse me the cost (details below) I paid out-of-pocket for private services to make up for the services EI was required to provide my child but did not

Additional details:

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