

BRIDGES TO BRIGHT FUTURES

Confirmation of Start Date

Complete at first home visit and forward to ongoing service coordinator.

Child's Name: _____
 Family Contact Telephone Number: _____
 Name of EI/OD: _____

IFSP From: ____/____/____ ☐ Initial ☐ Six month ☐ Amendment

Type of Service(s)	Start Date on Authorization	Confirmed Start Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OSC County: ☐ Other: ☐ _____
 (Name) (Agency)

If services are not in place, please state reason(s):

Signature of EI/OD/OSC making confirmation: _____

DATE: ____/____/____