

# How to Request an Impartial Hearing

(Insert Date)

Director, Bureau of Early Intervention  
NYS Department of Health  
Corning Tower Building  
Room 287 Empire State Plaza  
Albany, New York 12237-0660

Dear Director:

After sharing my concerns with my service coordinator and the county Early Intervention Official, we are unable to reach agreement regarding the provision of early intervention services for my child. Therefore, I would like to file a request for an **impartial hearing** for my child (insert your child's full name) regarding the provision of our early intervention services.

We cannot agree on the following:  
(Check all that apply)

- Eligibility of my child for the Early Intervention Program. I understand that the request for an impartial hearing must be made within six months of the date my child was found ineligible for services.
- Requested early intervention services or evaluations for my child and family.
- County refused to provide early intervention services or evaluations for my child and family.
- Change in early intervention services or evaluations for my child and family.

(Insert a short description)

1. What early intervention services are currently being provided to your child and family?
2. Explain what cannot be agreed upon for each area where you cannot agree.
3. Provide important facts and/or copies of documents which you feel are important for others to read. If there are other people who you believe may be a potential witness or may have relevant information, please list who they are and why you believe they may be important.
4. Share your proposed solution or solutions.

I understand that someone from the New York State Department of Health will contact me upon receiving this letter.

**The best time to reach me** is on (insert days and times).

Sincerely,

(Your Signature)  
(Insert Name)  
(Street Address/P.O. Box)  
(City/State/Zip Code)  
(County)  
(Area Code/Phone Number)