

REQUEST FOR MEDIATION

Send copy of completed form to each of the three addresses shown below:

1) Chief IL Dept. of Human Services Bureau of Hearings 69 West Washington Street, 4 th Floor Chicago, IL 60602	2) Chief IL Dept. of Human Services Early Intervention Program 823 East Monroe Springfield, IL 62701	3) Enter the Child & Family Connections (CFC) Information for the child below: CFC #: _____ CFC Name _____ CFC Address _____ CFC City, State, Zip Code _____
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I am hereby requesting that a mediator be appointed to facilitate resolution of the dispute described below about the evaluation, identification, placement, delivery of services, or provision of appropriate services for the child below. I understand that mediation is generally less adversarial than a request for due process. The mediator is a neutral facilitator, not a decision-maker. He/she helps the parties agree to a resolution, but does not compel action by the parties.

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 requesting Mediation

Name _____

Address _____

City, State & Zip _____ Phone Number _____

Section 3: Service Delivery Agency(ies) and/or Provider(s) involved in the Dispute (Attach additional pages if needed.)

Name 1 _____

Address _____

City, State & Zip _____ Phone Number _____

Name 2 _____

Address _____

City, State & Zip _____ Phone Number _____

Section 4: The nature of the problem regarding early intervention services for the child, including facts related to the problem (Continued on next page):

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Section 4: CONTINUED - The nature of the problem regarding early intervention services for the child, including facts related to the problem (Attach additional pages if needed):

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

Attach material supporting the request and proposed remedy.

I understand that by requesting mediation I am hereby authorizing the release of the early intervention service records for the above child to the Department of Human Services, the mediator and any parties in the dispute, for the purpose of resolution of the dispute. I also understand that a mediator will be appointed for the above dispute, who will set a mediation date.

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.