

**VERIFICATION OF RECEIPT OF THE EARLY START DUE PROCESS
AND FAIR HEARING PROCEDURE AND THE PARENTS RIGHTS
AND RESPONSIBILITIES IN THE EARLY START PROGRAM**

I have received a copy of the Early Start Due Process and Fair Hearing Procedure.

Consumer, Parents, Conservator or Guardian

Date

I have received a copy of the “Parents Rights and Responsibilities in the Early Start Program.”

Consumer, Parents, Conservator or Guardian

Date

Consumer Name: _____

DOB: _____

UCI Number: _____