

def/cn _____ to _____
 def/cn _____ to _____
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REQUEST FOR CANCELLATION OF PERKINS LOAN EARLY INTERVENTION SERVICES FOR CHILDREN

Please note: To qualify you must provide service to infants and toddlers from birth to age two who need early intervention services for specified reasons. This group may also include infants and toddlers that the state has decided would be at risk of having substantial developmental delays if early intervention was not provided.

Borrower's Name _____ BC Eagle ID or BC Eagle Telephone Number _____



I am requesting cancellation for providing early intervention services for children as certified below for the previous 12 months of full-time service just ending.



(For the previous year only.) _____ Month Day Year _____ Month Day Year



If applying for cancellation for the year just ending, check below if you intend to complete another 12 months of employment:

I intend to complete another year of employment to _____ .
 Date



_____ Borrower's Signature Date

PART II - TO BE COMPLETED BY THE EMPLOYER

Is the borrower providing developmental services that are:

- provided under public supervision
- provided at no cost, except where federal and state law provides for a system of payments by families, including a schedule of sliding fees
- designed to meet a handicapped infant's or toddler's developmental needs in one of the following areas:
 - cognitive development
 - language and speech development
 - physical development
 - psychosocial development
 - self-help skills

Yes

No

Do the children have a diagnosed physical or mental condition which has a high probability of resulting in developmental delays, or are expecting developmental delays as measured by appropriate diagnostic instruments and procedures in one of the following areas:

- cognitive development
- physical or psychosocial development
- self-help skills

Yes

No