

C.H.T.Services,Inc.
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## Parent Request for Early or Late Hours of Service

			Date:
Re:		EI#	
Child's Name			_
To Whom It May Cone	cern:		
I,Parent's Name	, am reque	esting for my child to receiv	e:
Services	Therapist's Name		
EI services as pe	er IFSP mandate of	minutes:	
Before 7:00am	due to		
	State reason		
After 9:00pm	due toState reason		
Sincerely,			
Parent's Signature		Relationship to Chi	<del>Id</del>