NYEIS Data Change Request

Please fill out request accurately and completely; failure to do so may result in an invalid request and cause delays in processing.

User Requesting Data Change:

User ID: _____

First Name: _____   Last Name: _____

Agency Name (if applicable): _____   Child's Municipality: _____

Phone Number: _____   E-mail address: _____

Data Change Request Information: Category of Change

   Referral   Integrated Case   MDE

   IFSP #: _____   Service Authorization #: _____

   Transition   Task #: _____   Transfer

   Medicaid CIN   Other: _____

Child Reference # (located on the child's **home page** next to their name): _____

Requested Change:

Description of requested change: Please Include what data is currently listed in NYEIS and describe in detail the data change that you want to occur.	
Current data: *(ex. IFSP #99999 end date is 9/1/2015)*	Requested Change: *(ex. IFSP #99999 end date needs to be changed to 10/01/2015)*

Comments:

To be completed by the municipality.
☐   I have reviewed this data change request and agree that the requested change should be made in NYEIS. **Municipal Reviewer/Approver:** Name: _____ Phone #: _____ Email:_____ NYEIS User Role: _____ **Person Submitting Request (if different than above):** Name: _____ Phone #: _____ Email:_____ NYEIS User Role: _____