

**DHS Bureau of Early Intervention**

**Early Intervention Monitoring Program**

I, the undersigned, state that I have voluntarily given original documents to the Early Intervention Monitoring staff for the purpose of the monitoring visit. I waive my right to hold the Early Intervention Monitoring Program responsible for the accidental loss or destruction of these documents.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EI Monitor Signature

\_\_\_\_\_  
Date