

PARENT WITHDRAW PRIOR TO IFSP

***[Insert Primary Contact Name]
[Insert Primary Contact Address]
[Insert Primary Contact City, State, Zip]***

**RE: *[Insert Child's name]*
DOB: *[Insert Child's DOB]***

DATE: *[Insert Today's Date]*



Dear *[Insert Primary Contact First Name]*,

First Steps is Missouri's early intervention system that provides services to families with children, birth to three years of age, with disabilities or developmental delays. The program is designed to meet the needs of families related to enhancing their child's development, learning, and participation in family and community life. As stated in our initial conversation, your participation in the First Steps program is voluntary.

We understand you have chosen not to participate in the First Steps program at this time. If you would like to pursue First Steps services in the future, please call toll-free **1-866-583-2392**.

Sincerely,

[INSERT SC NAME]
Service Coordinator

Enclosure: Notice of Action
 Parental Rights Statement