



Early Intervention Services

Tel: 646-237-3450

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Employment Application Form for Licensed Service Provider

Name: _____ DOB: _____

Address: _____

Tel/Cell#: _____ E-mail address: _____

NPI # (If applicable): _____ EIN # (If applicable): _____

Are you approved by DOH for Early Intervention? () Yes () No

Requested rates: Service Provision for 30 min: \$ ____ | 60 min: \$ ____

Evaluation: \$ ____ (Monolingual) \$ ____ (Bilingual)

Certification Area(s): 1. _____ 2. _____

Field of Expertise: What type of service(s) would you like to provide?

How long have you been providing the above listed services? _____

Languages: _____

Agency(ies) you are currently working for or previously worked for:

References: (Name, Title, Email, Telephone)

1. _____

2. _____

3. _____

Availability Areas: Place check next to preferred borough(s).

Brooklyn ____ Queens ____ Bronx ____ Manhattan ____ Staten Island ____

Signature: _____ Date: _____