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**FREEDOM OF CHOICE  
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION  
FAMILY INFANT TODDLER (FIT) PROGRAM**

**<><><> TEMPLATE – TYPE IN THE FIT PROVIDERS IN YOUR COUNTY <><><>**

Date:

Dear:

Division of Disabilities and Support Division’s (DDSD) Service Definitions & Standards require that families be notified of their right to choose a Family Infant Toddler (FIT) provider agency, when more than one provider is available in their county.

Please select one of the following FIT providers by checking the box (☐) next to the agency’s name. Your service coordinator can help you understand your choices.

County: \_\_\_\_\_

	Provider Agency Name:	Location:	Telephone Number:
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

\_\_\_\_\_  
Child’s Name:

\_\_\_\_\_  
DOB:

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name of Parent/Guardian

