

Child's Name: _____

DOB: _____

Is the child in foster care? Yes No Social worker/Telephone _____

What language is spoken in the home? _____ Interpreter needed? Yes No

Back-up contact Name/Relationship _____ Phone _____

Is the parent active in the military service? Yes No Branch _____

Does the family live in military housing/base? Yes No Housing Dev./Base _____

INSURANCE INFORMATION

Medical Assistance Number (11 digits) _____ MCO _____

Private Insurance Carrier _____ Social Security Number _____

REM (Rare and Expensive Medical) Yes No

Model Waiver Yes No

SSI (Supplemental Security Income) Yes No

WIC (Women Infant Children) Yes No

REM Case Worker/Agency _____ Phone _____

CPS Social Worker _____ Phone _____

MEDICAL INFORMATION

Primary Care Provider _____ Phone _____

Hospital of Birth _____

Available Reports (check all that apply)

- Birth Discharge Summary
- Copy of Immunization Record
- Developmental Evaluation Report
- Audiology
- Vision
- Other _____

Services being provided (currently)

- Physical Therapy
- Occupational Therapy
- Speech & Language Therapy
- Nursing Services
- Special Instruction
- Other _____

COMMENTS:

Reminders:

1. Updated Immunization Record.
2. If over 30 months: copy of birth certificate, deed or lease.
3. Have copies of discharge summary and/or evaluation reports when Service Coordinator arrives for first home visit.