

**Public Health Seattle-King County
Children with Special Health Care Needs Intake Form**

CHILD'S NAME: LAST, FIRST MI <i>(PLEASE PRINT CLEARLY)</i>		CHILD'S DATE OF BIRTH: MM/DD/YYYY:	GENDER (please circle) M or F
CITY OF RESIDENCE:	YOUR ZIP CODE	RACE: Please check one: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am <input type="checkbox"/> Native American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> decline	COUNTY OF RESIDENCE: <input type="checkbox"/> KING, <input type="checkbox"/> SNOHOMISH, OR <input type="checkbox"/> PIERCE
GROSS MONTHLY INCOME: please check which level or provide the dollar amount and number of people in your home: Our income is less than 210% of the Federal Poverty Level _____ Our income is more than 210% of the Federal Poverty Level _____ OR Number of people living in your home: _____ Average monthly income for this household: _____ Eligibility for state Apple Health plans is based on income and the number of family members in the home.			
INSURANCE COVERAGE: please check those that apply <input type="checkbox"/> Apple Health (aka Medicaid/Provider One) (If your child has a Provider One number, please provide it or a copy of your Provider One card) ** PROVIDER ONE NUMBER: _____ WA (**REQUIRED INFORMATION) <input type="checkbox"/> Private insurance through parent(s) employer, not through state. <input type="checkbox"/> Tri-Care (CHAMPUS – military) <input type="checkbox"/> None			
DIAGNOSIS I	ICD-10 CODE	DIAGNOSIS II	IC-109 CODE
COMMUNITY AGENCIES MY CHILD RECEIVES SERVICES THROUGH: <input type="checkbox"/> WIC <input type="checkbox"/> SOCIAL SECURITY INCOME/DISABILITY <input type="checkbox"/> DIVISION OF DEVELOPMENTAL DISABILITIES <input type="checkbox"/> CHILDREN'S HOSPITAL (Includes Mary Bridge) <input type="checkbox"/> FOSTER CARE <input type="checkbox"/> PUBLIC SCHOOLS <input checked="" type="checkbox"/> BIRTH TO THREE PROGRAM		WHICH BIRTH TO THREE PROGRAM IS PROVIDING SERVICES: <input type="checkbox"/> Birth to Three Center Federal Way <input type="checkbox"/> Boyer Children's Clinic <input type="checkbox"/> Children's Therapy Center (Kent) <input checked="" type="checkbox"/> Kindering Center <input type="checkbox"/> Mary Bridge Neuro-developmental Program <input type="checkbox"/> Valley Medical Center - CTU	

Children with Special Health Care Needs program (CSHCN) is a state and federally funded Title V program offered through Public Health, Seattle-King County. The CSHCN program provides the above information to the state for statistical purposes and coordination of care through the Health Care Authority

I authorize this information be provided to Public Health Seattle-King County, Children with Special Health Care Needs program

Signature of parent/guardian

Relationship to child

Date

Children with Special Health Care Needs
Public Health, Seattle-King County
401 Fifth Ave; Suite 1000
Seattle, WA 98104-1818
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