Information Needed To Apply For Children's Special Health Services (CSHS)

Name, address (street, city, state, zip code and county), and telephone numbers of professionals that help your child and family:

	Medical providers such as:
	□ your child's physician
	□ other medical specialists (e.g., pediatric cardiologist or neurologist)
	□ multidisciplinary clinic teams (e.g., an organized service or program where many
	professionals see the child together at one place and time)
	Dental providers such as your child's dentist or orthodontist
	language pathologist, public health nurse, dietician, home health nurse, case manager, social
	worker, vocational rehabilitation counselor, or Human Service Center staff, etc.
	child's school
Den	nographic Information:
	Names of family members, relationship to child, birth date, and grade in school or occupation
Insu	rance or Health Care Coverage Information:
	Start and end date of coverage
	Policy number
0	Verification of provisions or limitations in coverage such as pre-existing conditions, riders, or
	excluded services
	cancelled check
<u>Fina</u>	ancial Information:
	Income verification such as tax forms or paycheck stubs
	Information about other sources of income such as Child Support, SSA, SSDI, Workforce
	Development (Workers Compensation), Unemployment, Veterans Benefits, etc.
Med	dical Information:
	Provide a description of your child's medical condition and related needs
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	office
	Provide a list of your child's medications related to his/her medical condition
Car	e Coordination Information:

Describe ways the county CSHS worker can assist you in developing a plan to help your family

Describe your family's strengths

Describe your child's and family's needs