

# CHILDREN'S HEALTH INSURANCE PROGRAM

## IDENTIFICATION TOOL

### For Children with Complex Special Health Care Needs

Child's Name: \_\_\_\_\_ Health Plan: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_ PCP: \_\_\_\_\_  
 Child's Phone: \_\_\_\_\_ Child's ID #: \_\_\_\_\_

<b>1</b>	Is your child restricted or prevented in any way in his/her ability to do the things most children of the same age can do?	YES <small>(If YES, go to 1A)</small>	NO <small>(If NO, go to 2)</small>
<b>1A</b>	Is this because of <b>ANY</b> medical, behavioral or other health condition lasting or expected to last for <b>at least 12 months</b> ?	YES	NO
<b>2</b>	Does your child currently need or use any of these (check all that apply):  <i>(Note: a YES for ANY of the items listed below (a-d) will qualify as a YES response for question 2.)</i>	YES <small>(If YES to any (a-d) listed below go to 2A)</small>	NO <small>(If NO, to all, go to 3)</small>
	a. Medicines prescribed by a doctor other than vitamins		
	b. Mental health treatment or counseling		
	c. Physical, speech, or occupational therapy		
	Special equipment (for example: to help moving, walking, talking, hearing, breathing, feeding, personal care, etc.)		
<b>2A</b>	Is this because of <b>ANY</b> medical, behavioral or other health condition lasting or expected to last for <b>at least 12 months</b> ?	YES	NO
<b>3</b>	Does your child currently have these (check all that apply): <i>(Note: a YES for ANY of the items listed below (a-d) will qualify as a YES response for question 2.)</i>	YES <small>(If YES to any (a-d) listed below go to 3A)</small>	NO <small>(If NO, to all, go to 4)</small>
	Life-threatening allergic reactions		
	A special diet prescribed by a doctor		
	A learning or behavioral difficulty for which he or she receives professional treatment or counseling		
	Early Childhood Intervention (ECI), Special Education or Rehabilitation services		
<b>3A</b>	Is this because of <b>ANY</b> medical, behavioral or other health condition lasting or expected to last for <b>at least 12 months</b> ?	YES	NO
<b>4</b>	Does your child need or use more medical care, mental health or education services than usual or routine for most children of the same age?	YES <small>(If YES, go to 4A)</small>	NO
<b>4A</b>	Is this because of <b>ANY</b> medical, behavioral or other health condition lasting or expected to last for <b>at least 12 months</b> ?	YES	NO

**ADDITIONAL INFORMATION:**

Please provide diagnosis information, if available.

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_