

Child Health Needs and Services Form

Date

Child's name (Last, First, Middle)	Date of Birth	Title XIX#
Demographic information reviewed/updated	Yes	No

Services

Date of Service	Service Category	Date of Service	Service Category		
Service	County of Service	Service	County of Service		
Time In	Time Out	Interaction Type	Time In	Time Out	Interaction Type
Immunization record reviewed Yes No	Primary Payment Source	Immunization record reviewed Yes No	Primary Payment Source		
Follow-up date	Secondary Payment Source	Follow-up date	Secondary Payment Source		
Service Provider (first / last name and credentials)		Service Provider (first / last name and credentials)			
Service Documentation		Service Documentation			

Date of Service	Service Category	Date of Service	Service Category		
Service	County of Service	Service	County of Service		
Time In	Time Out	Interaction Type	Time In	Time Out	Interaction Type
Immunization record reviewed Yes No	Primary Payment Source	Immunization record reviewed Yes No	Primary Payment Source		
Follow-up date	Secondary Payment Source	Follow-up date	Secondary Payment Source		
Service Provider (first / last name and credentials)		Service Provider (first / last name and credentials)			
Service Documentation		Service Documentation			

Service Category and Services (See CARES User Manual for definitions)

<p><u>Dental services</u> Care coordination Dental fluoride varnish Dental Nutrition Counseling Dental Radiographs Dental referral Dental sealant Dental Tobacco Counseling Dental voucher Initial dental screen Oral evaluation & counseling with primary care giver Oral Hygiene Instruction Oral Prophylaxis Recall dental screen Service – Addendum</p> <p><u>Health education services</u> Anticipatory guidance Condition specific Nutrition counseling Service – Addendum</p>	<p><u>Health screening services</u> 1st Five Referral Counseling – Alcohol misuse Counseling – Mental health Counseling – Obesity Depression screen Developmental test Domestic violence screen Emotional – Behavioral assessment Evaluation & Management (E&M) Health history Hearing Immunization Interpretation Lab-Hct/Hbg Lab-Lead Lab-Other Mental health screen Nursing Assessment Nutrition assessment Other Physical exam – referral Physical exam – direct Preventive medicine counseling Procedures</p>	<p><u>Health screening services (continued)</u> Social assessment Social Work Assessment Substance abuse screen Transportation to Health Provider Vision Service – Addendum</p> <p><u>Informing and Care Coordination services</u> Care coordination Care coordination refusal Initial inform Inform follow-up Inform completion Presumptive eligibility Screening Reminder Service – Addendum</p> <p><u>Interaction Type</u> Child Care Clinic visit Email Head Start/Early Head Start Home visit Letter Other</p>	<p><u>Interaction Type (continued)</u> Phone School WIC</p> <p><u>Primary & Secondary Payment Source</u> 1st Five CHAMPUS Early Childhood Iowa Eligible but not on Title XIX hawk-i I-Smile IHAWP Medicare Presumptive eligibility Primary care/Rural health Private Insurance – Fee for service Private Insurance – HMO Self-pay/sliding scale SSI Title V Title XIX – Fee for service Title XIX MCO – Amerigroup Title XIX MCO – AmeriHealth Caritas Title XIX MCO – United Title XIX-PE-CC Uninsured</p>
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Child Health Needs and Services Form (Continued)

Child's name	Date of Birth	Title XIX#
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Needs			
Identification date	Need Category	Identification date	Need Category
Need	Identification County	Need	Identification County
Identified by (name and position*)		Identified by (name and position*)	
Resolution county	Resolution date	Resolution county	Resolution date
Need Documentation		Need Documentation	
Identification date	Need Category	Identification date	Need Category
Need	Identification County	Need	Identification County
Identified by (name and position*)		Identified by (name and position*)	
Resolution county	Resolution date	Resolution county	Resolution date
Need Documentation		Need Documentation	

Need Category and Needs (See CARES User Manual for definitions)

<p><u>Emergencies</u> Emergency prep. First-aid training Infant/child CPR Need – Addendum</p> <p><u>Financial situation</u> Budgeting Child care Credit cards Current debts Education Employment Energy assistance FIP Health care coverage Housing assistance Need – Addendum</p> <p><u>Food safety/security</u> Commodities Food Bank/Pantry Food stamps Food storage/refrigeration Food supply Infant formula School lunch program WIC Need - Addendum</p> <p><u>Health needs</u> Head lice Hearing HIV/AIDS Immunizations</p>	<p><u>Health needs, continued</u> Medical home Medications Mental health Monitor growth & development Referral to Genetics Signs of illness Special medical needs STDs Vision Well child care Need-Addendum</p> <p><u>Home Safety</u> Bicycle safety Bugs or rodents Building repairs Cooking stove Cooling system Home cleanliness Home heating Home odors Hot water Indoor play areas Knife/gun storage Lead sources Outdoor play areas Plumbing Poison/toxin storage Safe toys Smoke/CO detectors Stairs/railings Windows/locks Need – Addendum</p>	<p><u>Living situation</u> Baby clothing Baby furniture/equipment Children's books Home furnishings Household items Telephone Television/radio Washer/dryer Need – Addendum</p> <p><u>Nutrition</u> Body weight mgmt. Breastfeeding Disordered eating Feeding issues Meal planning/Cooking skills Nutrition counseling Need – Addendum</p> <p><u>Oral health</u> Caries Dental injury/emergency Dietary habits Fluoride No dental home Non-nutritive sucking No Payment Source Oral hygiene instruction Prevention Referral to dentist Tooth eruption/teething Need - Addendum</p>	<p><u>Parenting</u> Building parental self-confidence Discipline & guidance Getting out of house w/ children Growth & development Hygiene Infant care basics Language development Parent/child activities Parental support groups Preparing children for school Recreation Reliable child care choice School attendance SIDS information Sleep routines Toilet training Need – Addendum</p> <p><u>Psychosocial</u> Domestic abuse Family counseling Maternal depression Lack of support Need – Addendum</p> <p><u>Reproductive health</u> Abstinence Family planning Menstruation Need – Addendum</p>	<p><u>Substance Abuse</u> Alcohol/Drug abuse Smoking cessation Need-Addendum</p> <p><u>Transportation</u> Auto insurance Car seats Dependable vehicle Driver's license Handicap sticker Public transportation Seat belt use Need - Addendum</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u>Identified by*</u> 1st Five ARNP Dental hygienist Dentist Dietitian Family Nurse PA Physician Social Worker Other</p> </div>
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