

Which Child was involved (Client Name): _____

Date of Activity: ____/____/____

Agency/Clinic: _____

Client Address: _____

City: _____ **Zip Code:** _____

County of Residence: _____

Phone No: _____ - _____ - _____

Email: _____

Preferred Method of Contact: (check all that apply)

- Phone call
- Text
- Email
- Mail
- Do Not Contact

Program: (select one)

- Maternal Child Health (MCH/M&I)

Primary Healthcare Coverage: (select one)

- None/Self Pay
- Private Insurance
- Tricare
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Medicare (client is on disability)
- Unknown/Not Reported

Secondary Healthcare Coverage: (select one)

- None
- Private Insurance
- Tricare
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Medicare (client is on disability)
- Unknown/Not Reported

Has the client had a well visit during the last 12 months? (With any provider, not just within the program)

- Yes
- No
- Client is unsure

Does the Child have a Medical Home?

- Yes
- No

Does the client have a special health care need or disability? (Has a medical diagnosis or requires care beyond general preventive care)

- Yes
- No

If yes, Is the child needing a medical diagnosis?

- Yes
- No

If No, Was the child diagnosed through the Newborn Screening Testing?

- Yes
- No

If No, Does the child have any of the following conditions?

- Craniofacial
- Neurological
- Seizures
- Hydrocephalus or Microcephaly
- Orthopedic Needs
- Spinal Bifida
- Hearing Loss
- Juvenile Rheumatoid Arthritis
- Cardiac Condition
- Hemophilia
- Glaucoma
- Congenital Cataract, or Retinal Disorder
- Gastrointestinal or Genitourinary Diagnosis
- Other

Specify Other SHCN Condition(s):

Household Size: (number of people) _____

Annual Household Income: \$ _____

Annual Household Income: (select range)

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more
- Don't Know
- Refused

Visit In-Person or Virtual?

- In person
- Virtual, phone call only
- Virtual, video chat (Skype, Zoom, FaceTime, etc.)