



MEDICATION

Table with 8 columns: Medication, Strength, Route, Time, Medication, Strength, Route, Time

LEGAL GUARDIANSHIP – IF APPLICABLE (FOR APPLICANT IS OVER 18 YEARS OLD)

Table with 2 columns for legal guardian information: Name, Address, Phone, Paperwork, Relationship, City/State/Zip, Email, Date Established

MEDICAID APPLICATION INFORMATION FOR MAILED DOCUMENTS ONLY

Table for Medicaid application info including contact numbers, email, insurance policy holder info, and children details

INSURANCE – THIS SECTION IS FOR CURRENT INSURANCE INFO THAT COVERS THE APPLICANT

Table for insurance information: Company, Policyholder, ID, Employer Name, Employer #, Address

THIS SECTION IS FOR DIAGNOSES AND CURRENT PROBLEMS – PLEASE USE THE SPACE PROVIDED FOR ADDITIONAL INFO

CARDIOLOGY – IF YES, LIST DATE OF OCCURANCE, DATE OF DIAGNOSES, OR DATE OF SURGERY

Table for cardiology info: PDA, MURMUR, CHF, ASD, ADDITIONAL COMMENTS

NEUROLOGY AND RELATED PROBLEMS – PLEASE ANSWER “YES” OR “NO”, AND PROVIDE ADDITIONAL INFORMATION AS NEEDED.

Table for neurology info: ADAPTIVE FUNCTIONING, ADD/ADHD, ATTENTION PROBLEMS, BIRTH COMPLICATIONS, AUTISM, DYSPHAGIA, CEREBRAL PALSY, COGNITIVE IMPAIRMENT



DYSPHSIA		LEARNING DISABILITIES	
DEVELOPMENTAL DELAY		MOOD DISORDER	
INTRACRANIAL HEMORRHAGE		MOUTHS INEDIBLE OBJ.	
MEDICALLY FRAGILE		OCD	
MOOD SWINGS		PLAGIOCEPHALY	
OBSESSIVE BEHAVIOR		SEPARATION ANXIETY	
OPPOSITIONAL DEFIANT		TEXTURE AVERSIONS	
SENSORY INTEGRATION PROB.		BRUSH HAIR INDEPENDENTLY	
SLEEP DISTURBANCE		SNAP INDEPENDENTLY	
BUTTON INDEPENDENTLY		TIE INDEPENDENTLY	
ZIP INDEPENDENTLY		HATES TAGS IN CLOTHING	
BUCKLE INDEPENDENTLY		RUN OWN BATH	
BATHES SELF		UNDRESS SELF	
DRESS SELF		HURTS ANIMALS	
DRIES SELF OFF		HIGH PAIN THRESHOLD	
ADDITIONAL COMMENTS:			

SPEECH

APRAXIA		NON-VERBAL	
EXPRESSIVE LANG DELAY		RECEPTIVE LANG DELAY	
SPEECH/LANG DELAY		# OF CLEAR WORDS	
SPEAKS COMPLETE SENTENCES		USES SCRIPTED SPEECH	
ECHOLALIA		VERBALIZES WANTS/NEEDS	
USES SIGN LANGUAGE		FOLLOWS INSTRUCTIONS	
FOLLOWS PROMPTS		POINTS TO DESIRED OBJECTS	
ADDITIONAL COMMENTS:			

SOCIAL/EMOTIONAL

SOCIAL MALADJUSTMENT		WANDER IF DISTRACTED	
AFRAID OF STRANGERS		IMPULSIVE	
MOUTHS OBJECTS		RUNS INTO TRAFFIC	
INJURIOUS BEHAVIOR		SELF-INJURIOUS BEHAV.	
HITS SELF		HITS OTHERS	
BITES SELF		BITES OTHERS	
KICKS OTHERS		SCRATCHES OTHERS	
FEARS STRANGERS		LEAVES HOUSE ALONE	
TRANSITIONS POORLY		PLAYS ALONE	
SEPARATION ANXIETY		PLAYS PARALELL TO OTHERS	
UNDERSTANDS SOCIAL CUES		DOES WORK W/O PROMPTS	
HAS MELTDOWNS (DURATION)		GAZE AVERSION	
TIC'S - WHAT KIND?		REPETITIVE BEHAV (KIND?)	
MAKES FRIENDS EASILY		SHARES WITH FRIENDS	
ADDITIONAL COMMENTS:			



DIET AND FEEDING PROBLEMS

DIFFICULTY EATING		FOOD TEXTURE AVERSIONS	
ON A SPECIAL DIET (KIND?)		PERCENTILE FOR WEIGHT	
# OF CONSISTANT FOODS		PICKY EATER	
DRINK FROM A BOTTLE		HOLDS FORK PROPERLY	
HAS TO BE FED		OVERSTUFFS MOUTH W/ FOOD	
TAKES A BABY BOTTLE		BREAST FED	
HAS FEEDING TUBE (KIND?)		GAGS OR CHOKES OFTEN	
TUBE FEEDING FREQUENCY		FOOD ALLERGIES (KIND)	
TUBE FORMULA (TYPE/AMT)		REQUIRES FEEDING THERAPY	
FAILURE TO THRIVE		GASTROENTERITIS	
GERD			
ADDITIONAL COMMENTS:			

RESPIRATORY

REACTIVE AIRWAY DISEASE		ASTHMA	
BRONCHITIS		CROUP	
ADDITIONAL COMMENTS:			

INTEGUMENTARY

ECZEMA (WHERE?)		SORES	
SKIN PICKING		RASHES	
ADDITIONAL COMMENTS:			

UROGENITAL AND BOWEL

POTTY TRAINED (URINE)		POTTY TRAINED (BOWEL)	
NEEDS HELP WITH HYGEINE		CAN TAKE PANTS UP/DOWN	
WEARS DIAPERS		WEARS PULL-UP'S	
CONSTIPATION (TREAT.?)			
ADDITIONAL COMMENTS:			

ENDOCRINE

DIABETES		GROWTH PROBLEMS	
ADDITIONAL COMMENTS:			

IMMUNE

ALLERGIES, ENVIRONMENTAL		ALLERGIES, FOOD	
ALLERGIES, MEDICATION		PEANUT ALLERGY	
RHINITIS		OTITIS MEDIA	
ADDITIONAL COMMENTS:			



MUSCLOSKELETAL

FINE MOTOR DELAY		GROSS MOTOR DELAY	
HYPOTONIA		MOTOR COORDINATION PROB	
CLUMSY OR FREQ FALLS		GAIT ABNORMALITY	
HYPERTONIA		CLUB FOOT (L? OR R?)	
MUSCLE WEAKNESS		SCOLIOSIS (DEGREE?)	
TORTICOLLIS		FREQUENT FALLS	
AFO'S/SMO'S (R/L, BOTH?)		CONTRACTURES	
HAND/WRIST BRACES		POOR COORDINATION	
UNSTEADY GAIT		TIRES EASILY	
WALK INDEPENDENTLY		WHEELCHAIR	
WALKER		STANDER	
ADDITIONAL COMMENTS:			

BELOW IS A CHECKLIST OF THINGS YOU WILL NEED TO PROVIDE US WITH, FOR THE DEEMING WAIVER. THIS IS A COMPREHENSIVE LIST. YOU WILL NOT HAVE EVERYTHING LISTED. JUST BRING COPIES OF WHAT YOU DO HAVE TO OUR MEETING. THANKS!

PSYCHOLOGICAL EVALUATION (MOST RECENT)	THERAPY PLANS OF CARE (FOR EACH THERAPY)
IFSP (IF IN BCW)	BCW THERAPY EVALUATIONS OR PLANS OF CARE
IEP (IF IN PUBLIC SCHOOL)	SCHOOL THERAPY EVALUATIONS OR PLANS OF CARE
PRIVATE THERAPY EVALUATIONS OR PLANS OF CARE	PERTINENT MEDICAL RECORDS PERTAINING TO APPLICANT
DISCHARGE SUMMARIES FROM ANY HOSPITALIZATION	SPECIALISTS VISIT NOTES (MOST RECENT VISIT)
4 WEEKS OF FAMILY INCOME OR LAST YEARS TAXES	COPY OF INSURANCE CARD
COPY OF BIRTH CERTIFICATE	COPY OF SS CARD

PLEASE NOTE:

- 1. THERAPY NOTES DO NOT HAVE TO BE GATHERED UNTIL WE HAVE SET A FINAL MEETING DATE. YOU WILL NEED TO EITHER BRING THEM TO OUR MEETING, OR PUT THEM IN THE PREPARED PACKET WHEN YOU RECEIVE THEM. PLEASE, DO NOT EMAIL THEM TO US.**
- 2. YOU NO LONGER NEED A SS DENIAL LETTER. YOU CAN SUBMIT 4 WEEKS OF FAMILY INCOME OR LAST YEAR'S TAXES (JUST THE PAGES LISTING INCOME). YOU ONLY WANT TO PROVE YOUR FAMILY IS ABOVE POVERTY LEVEL AND THAT YOU MEET THE INCOME CRITERIA FOR THE KB. IF YOU WERE BELOW POVERTY LEVEL, YOU WOULD QUALIFY FOR LOW INCOME MEDICAID.**
- 3. IF YOUR CHILD HAS ANY MONEY IN THEIR NAME, PLEASE PROVIDE THE MONTHLY STATEMENT. YOUR CHILD CANNOT HAVE MORE THAN \$2,000 IN THEIR NAME UNLESS IT IS IN A COLLEGE FUND OR A SPECIAL NEEDS TRUST.**

WE LOOK FORWARD TO HELPING YOU, HELP YOUR CHILD!