

3820 About the Child**Identification****Name:** [REDACTED]**SSN:** [REDACTED]**Date of birth:** 11/10/2000**Age:** 6 years 3 months**Standard Information**

Even though the child's height and weight may be in his or her medical records, what you tell us can show whether the records are up-to-date.

What is the child's height without shoes? feet: **inches:** **Unknown**

What is the child's weight without shoes? pounds: **ounces:** **Unknown**

Does the child have a medical assistance card (for example, Medicaid or Medi-Cal) issued by your state?

This number can help us to get all the child's medical records promptly.

Yes No Not yet answered

Medical assistance number: _____

Language Information

Can the child speak and understand English?

Yes No Not yet answered

If "NO", what language can the child speak?

If the child understands any other languages, list them here:

3820 About You**Applicant Identification**

Name: CHIMES
Address: 444TH ST
PROVIDENCE, RI 02903

Relationship to child: AGENCY

Daytime telephone number:

Form Completer

Copy Applicant Information

***First name:** **Middle name:** ***Last name:** **Suffix:**

Agency name:

Relationship to child:

Address Information

Address is: U.S. Foreign

Street address line 1:

Street address line 2:

Street address line 3:

Street address line 4:

City: **State:** **ZIP Code:**

Telephone/Email Information

Telephone number is: U.S. Foreign None

Type: Voice Fax TTY

Daytime telephone number: (999-999-9999) **Ext:**

Your number Message number

E-mail address:

Information About the Child

Does the child live with you?

Yes No Not yet answered

Does the child have a legal guardian or custodian other than you?

Yes No Not yet answered

Is there another adult who helps care for the child and can help us get information about the child if necessary?

Yes No Not yet answered

Language Information

NOTE: If you cannot speak and understand English, we will provide an interpreter, free of charge.

Can you speak and understand English?

Yes No Not yet answered

If "NO", what is your preferred language?

Can you read and understand English?

Yes No Not yet answered

3820 Other Contacts

Give the names of other adults or agencies who help care for the child and can help us get information about the child if necessary.

Include:

- The child's legal guardian, if you are not the child's legal guardian
- The adult with whom the child currently lives, if you do not live with the child
- An adult who speaks and understands English who can give messages to the applicant, if you cannot speak and understand English
- Another adult who knows the child and helps care for the child, such as a relative, neighbor, or friend

To add a contact, choose Add Other Contact. To edit, select the contact's name below.



[Add Other Contact](#)

3820 School History

Alleged onset date: 03/20/2006

Current School

Is the child currently enrolled in kindergarten, elementary, middle, or high school?

Answer "Yes" if the child is normally enrolled during the school year. (A child is considered enrolled even during school breaks.)

Yes No Not yet answered

Is the child too young to be enrolled? Yes No Not yet answered

Explain why the child is not enrolled?

What is the highest grade in school that the child has completed?

What grade is the child currently enrolled in?

Has the child ever been tested or examined by Headstart (Title V)?

Yes No Unknown Not yet answered

Schools and Programs

List all schools and programs that the child has attended (currently or in the past 12 months).

Include:

- School (K through 12)
- After school programs
- Home school
- Tutoring
- Summer school
- Preschool
- Head start
- Daycare
- Early intervention program
- Other

To add a school or program, choose Add School. To edit, select the school's name below.



Add School

Blank

Has the child been tested or examined by any of the following?

Headstart (Title V)	Yes	No	Unknown	Not yet answered
Public or Community Health Department	Yes	No	Unknown	Not yet answered
Child Welfare or Social Service Agency	Yes	No	Unknown	Not yet answered
Women, Infants, & Children Center (WIC) Program	Yes	No	Unknown	Not yet answered
Program for Children with Special Health Care Needs	Yes	No	Unknown	Not yet answered
Mental Health Center/Mental Retardation Center	Yes	No	Unknown	Not yet answered

If the child has been tested or examined by any of the types of sources listed above, please add a source below:

To add a source, choose Add Additional Source. To edit, select the name below.



Add Additional Source

Other Medical Sources

Is there anyone else who has information or medical records about the child's illnesses, injuries, or conditions? This could include Workers' Compensation, insurance companies, counselors, detention centers, attorneys and/or tutors. Is the child scheduled to see anyone else?

Yes No Not yet answered

List any other people or places that may have the child's medical information or records.

To add a medical source, choose Add Other Source. To edit, select the name below.



Add Other Source

3820 Medical Sources**Alleged onset date:** 03/20/2006**Doctors, HMOs, Therapists, Hospitals, Clinics****Has the child been seen by a doctor, hospital, clinic, or anyone else for illnesses, injuries, or conditions?**

Yes No Not yet answered

Has the child been seen by a doctor, hospital, clinic or anyone else for emotional or mental conditions (including behavioral problems or learning disabilities)?

Yes No Not yet answered

List all medical care providers and each hospital or clinic where the child has been seen.

This list should provide information covering at least the past 12 months (or longer for progressive conditions.)

Include:

- All types of medical professionals (pediatricians, doctors, child psychologists, child psychiatrists, therapists, optometrists, nurse practitioners, etc.)
- Hospitals and other places where the child had treatments, tests, surgery, or emergency room visits
- Residential care facilities or rehabilitation centers

To add a medical care provider, choose Add Doctor/Hospital/Etc. To edit, select the name below.

Add Doctor/Hospital/Etc.**Other Names Used****List any other name(s) the child may have used.**

Examples:

- Birth name and adopted names
- Step-family or foster-family names
- Nicknames
- Other name variations

To add a name, choose Add Other Name. To edit, select the name below.

Add Other Name**Additional Sources**

3820 Illness and Onset

Alleged onset date from the mainframe is: 03/20/2006

About the Child's Condition

You can help the child's case by providing as much detail as possible about his or her condition. This is important because children with the same condition may have different symptoms and complications.

***List and describe all of the child's illnesses, injuries, or conditions.**

Include:

- All physical or emotional conditions
- All learning disabilities or behavioral problems
- Any mental retardation
- Any major complications resulting from the child's condition
- All conditions, whether or not the child has been receiving treatment

Examples of conditions

Multiple sclerosis

Do any of the above ever cause the child pain or other symptoms?

Yes No Not yet answered

3820 Medications

Does the child currently take any prescription or non-prescription medications for his or her condition?

Yes No Not yet answered

List all prescription and non-prescription medications that the child takes for his or her condition.

To add a medication, choose **Add Medication**. To edit, select the medication listed below.



View medication

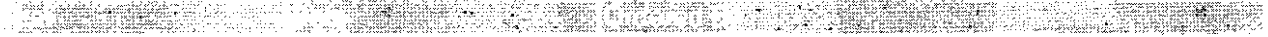
3820 Tests

Has the child had any medical tests, or are there any tests scheduled for the child's condition?

Yes No Not yet answered

List all medical tests that the child has had (in at least the last 12 months) or will have.

To add a test, choose Add Test. To edit, select the name of the test below.



3820 Vocational Rehabilitation

Alleged onset date: 03/20/2006

Has the child received Vocational Rehabilitation or other employment support services, to help him or her go to work?

Examples:

- Job Interviewing workshops
- Job coaching
- Job Placement
- Tuition Assistance
- Aptitude testing

Yes No Not yet answered

List all vocational rehabilitation programs attended by the child.

To add a vocational rehabilitation program, choose Add Voc. Rehab. Program. To edit, select the program below.



Add Voc. Rehab. Program

If the child has not received any of these services, and is over the age of 15, would the child like to receive Vocational Rehabilitation services that could help the child go to work?

Yes No Not yet answered

3820 Work Activity

Has the child ever worked, including sheltered work?

Yes No Not yet answered

List the jobs that the child had:

To add a job, choose Add Job. To edit, select the employer's name for the desired job.

.....

Add Job

3820 Remarks

Use this section for any additional information about the child.

Flags

To add a flag, choose Add Flag. To edit, select the flag listed below.



Add Flag

Messages

To add a message, choose Add Message. To edit, select the message listed below.



[Add Message](#)