

**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?**

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

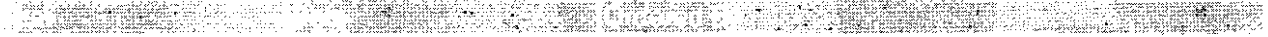
**3820 Tests**

**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](#)