

3820 Screen shots

Disability Case Process 446-46-3908 Carla Miranda - Windows Internet Explorer

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3820 About the Child - AN: 446-46-3908 DSI: N CEF: NYA [Open in eView](#) [Hide Instructions](#)

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3820 About the Child

Identification

Name: Carla Miranda
SSN: 446-46-3908
Date of birth: 05/04/2007
Age: 2 years 9 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: 31 ☐ Unknown

What is the child's weight without shoes? pounds: 30 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:
sign language

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3820 About You

Applicant Identification

Name: BARC
Address: 8 MAIN STREET
BALTIMORE, MD 21201
Relationship to child: AGENCY
Daytime telephone number: 410-555-1212

Form Completer

[Copy Applicant Information](#)

*First name: Linda Middle name: Last name: Miranda Suffix:
Agency name:
Relationship to child: Aunt
Address Information
Address is: ☒ U.S. ☐ Foreign
Street address line 1: 602 St Pauls Lane
Street address line 2:
Street address line 3:
Street address line 4:
City: Ellicott City State: MD ZIP Code: 20144
Telephone/Email Information
Telephone number is: ☒ U.S. ☐ Foreign ☐ None
Type: ☒ Voice ☐ Fax ☐ TTY
Daytime telephone number: (999-999-9999) 410-626-4102 Ext:
☒ Your number ☐ Message number
E-mail address:
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About You, first half

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Telephone/Email Information

Telephone number is: ☒ U.S. ☐ Foreign ☐ None

Type: ☒ Voice ☐ Fax ☐ TTY

Daytime telephone number: (999-999-9999) 410-626-4102 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

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About You, second half

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3820 Other Contacts

Give the names of other adults or agencies that may be able to 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 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.

Name	Role	Relationship	Telephone
------	------	--------------	-----------

[Add Other Contact](#)

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Other Contacts

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3820 Illness and Onset

Alleged onset date from the mainframe is: 01/01/2009

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
- If cancer, include stage and type

[Examples of conditions](#)

She is Hearing Impaired and Learning Disabled and sometimes suffers migranes Total blindness and retinal cancer

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

☒ Yes ☐ No ☐ Not yet answered

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Examples of conditions

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Illness and Onset

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3820 School History

Alleged onset date: 01/01/2009

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 VI)?
☐ 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.

Name of School	Date From	Date To
St. Mary's Headstart Project	05/2009	present

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School History

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3820 Medical Sources

Alleged onset date: 01/01/2009

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.

Name	Address
Adeleman, Nilda Dr., Kennedy Krieger Pediatric Clinic	502 n wolfe street m
Johns Hopkins Pediatric Center	300 N Wolfe Street
Saroyan, Ana Dr.	2200 Howard County Hospital

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.

Other Names

Add Other Name

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Med Sources

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3820 Medications

Does the child currently take any prescription or non-prescription medicines for his or her condition?
☒ Yes ☐ No ☐ Not yet answered

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

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

Medicine	Prescribed By	Reason
Trivsol Vitamins	Saroyan, Ana Dr.	this is a vitamin because she is a picky eater

[Add Medication](#)

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Medications

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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.

Test	Date	Ordered By
Hearing Test	2008	Adeleman, Nilda Dr., Kennedy Kreiger Pediatric Clinic
IQ Test	2009	Johns Hopkins Pediatric Center
MRI/CT Scan (head)	2010	Adeleman, Nilda Dr., Kennedy Kreiger Pediatric Clinic
Speech/Language Test	2007	Saroyan, Ana Dr.

[Add Test](#)

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Tests

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3820 Vocational Rehabilitation

Alleged onset date: 01/01/2009

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 a Plan or Program. To edit, select the program below.

Organization/School	Name of Counselor/Instructor
---------------------	------------------------------

[Add a Plan or 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

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Voc Rehab

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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.

Employer's name	Date From	Date To
-----------------	-----------	---------

| | |

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Work Activity

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3820 Remarks

Use this section for any additional information about the child.

no remarks at this time

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