

CSHCS SERVICE NEEDS SUMMARY RECORD

Michigan Department of Health and Human Services
Children's Special Health Care Services

Child/Beneficiary ID Number	County Code
Child/Beneficiary Name	Date of Birth

PROGRAM BASICS: Check all items that have been discussed with the family.

<input type="checkbox"/> Application Complete, Eligibility Notice	<input type="checkbox"/> Prior Approval	<input type="checkbox"/> Trust Fund
<input type="checkbox"/> Providers Reviewed / Additional Needed	<input type="checkbox"/> W-9's	<input type="checkbox"/> Nursing, Respite
<input type="checkbox"/> Insurance / COBRA, Third Party	<input type="checkbox"/> Payment Agreement	<input type="checkbox"/> SHP's
<input type="checkbox"/> Transportation, Meals, Lodging	<input type="checkbox"/> Appeals	<input type="checkbox"/> MICHild
<input type="checkbox"/> Family Support Network	<input type="checkbox"/> Backdating	<input type="checkbox"/> Formula
<input type="checkbox"/> Medical Report / Releases	<input type="checkbox"/> Transitional Plan	<input type="checkbox"/> OTHERS (list below):
<input type="checkbox"/> Outstanding Bills / OOS / In-State Care		
<input type="checkbox"/> Incontinence Supplies		
<input type="checkbox"/> Written Materials given to Family		
<input type="checkbox"/> Family Support Subsidy / Adoption Subsidy / SSI		

RESOURCES UTILIZED / REFERRALS MADE: (KEY: U = Utilized, R = Referred)

Other Health Dept. Resources:				
<input type="checkbox"/> WIC Program	<input type="checkbox"/> Family Planning	<input type="checkbox"/> Immunizations	<input type="checkbox"/> MSS	<input type="checkbox"/> ISS
<input type="checkbox"/> EPSDT	<input type="checkbox"/> Dental	<input type="checkbox"/> Healthy Kids (Medicaid)	<input type="checkbox"/> Other:	
Community Mental Health:				
<input type="checkbox"/> Family Support Serv.	<input type="checkbox"/> Children's Waiver	<input type="checkbox"/> Respite	<input type="checkbox"/> Other:	
Family Independence Agency:				
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Other:		
Educational Resources:				
<input type="checkbox"/> Growth and Devel.	<input type="checkbox"/> Hearing and Vision	<input type="checkbox"/> Occup. Therapy (OT)	<input type="checkbox"/> Physical Therapy (PT)	
<input type="checkbox"/> Speech	<input type="checkbox"/> Early On	<input type="checkbox"/> Service Coordinator	<input type="checkbox"/> Other:	
Other Resources / Services:				
<input type="checkbox"/> Vocational Rehab.	<input type="checkbox"/> Transportation	<input type="checkbox"/> Support Groups	<input type="checkbox"/> Sup. Sec. Income (SSI)	
<input type="checkbox"/> Other:				

ACTION / FOLLOW-UP:

Local Health Department:	Family:	Care Coordination Authorization
		<input type="checkbox"/> Code <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 Duration
L.H.D. Contact Person Name (printed)	Date Prepared	L.H.D. Telephone Number ()

The Michigan Department of Health and Human Services does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

AUTHORITY: Title V of the Social Security Act

COMPLETION: Is voluntary, but required if CSHCS program services are requested.