

Home Care Children's (HCC/TEFRA) Demographic Sheet

Child's name: Click or tap here to enter text.

Child's Date of Birth: Click or tap here to enter text.

Child's Social Security Number: Click or tap here to enter text.

Medicaid/CSHCS ID (if child has one): Click or tap here to enter text.

Parent/Guardian name: Click or tap here to enter text.

Parent/Guardian name: Click or tap here to enter text.

County: Click or tap here to enter text.

Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Alternate phone number: Click or tap here to enter text.

Parent email: Click or tap here to enter text.

Alternate Parent email: Click or tap here to enter text.

Submit this demographic sheet, along with ALL of the TEFRA documents; to the local CSHCS health department (upload via DMP)

- DHS 49 form completed, additional medical reports and/or evaluations
- 24-hour Plan of Care description
- IEP/IFSP Individual Educational Plan or Individual Family Service Plan Early On (if has one)
- CMH IPOS Individual Plan of Service (if has one)
- 485 Form from nursing agency (if applicable)
- Supportive Medical records
- Services needed/wanted