

NOCAC HEAD START

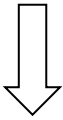
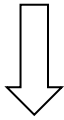
Source of Health Care Questionnaire

Child's First and Last Name: _____

Center/Classroom/Teacher: _____

Head Start Program Performance Standard 1302.42 states "A program must consult with parents/families to determine whether each child has ongoing sources of continuous, accessible health care and health insurance coverage." If the child is not covered, the program must assist the family in accessing them. This survey will help us better meet the needs of the families we serve. Please complete this survey at the initial home visit with all families. Please use this guide for specific steps to take based on the answers to the questions parents provide.

Does your child have health insurance?
 Yes or No



YES: Ask the family the following questions:

1. What type of insurance does the family have?
 Private or **Medicaid** or **Both**
2. Does this insurance include Dental Services?
 Yes or **No**
3. Who is the insurance carrier or Managed Care Provider? _____
4. Who is the family's medical home facility/doctor?

NO: Ask the family the following questions:

1. Have you had health insurance coverage in the last 12 months? _____
2. Have you applied for coverage recently?
 Yes or **No**
3. If no, why not? _____



Document the following information from the insurance or managed care identification card, or attach copy, or photograph and email to your Family Advocate (FA):

MMIS _____

Member ID# (if available) _____

- Staff needs to leave Medicaid Information Flyer
- Give this form to the Family Advocate for review and follow up.



- Give this form to the Family Advocate to review & follow up if needed.

Office use only:

Family Advocate Date Reviewed: _____

CO Entered ChildPlus: _____

As "**At Enrollment**" Status