

NOCAC HEAD START

Source of Health Care Update Questionnaire

Child's First & Last Name: _____

Center/Classroom/Teacher: _____ / _____ / _____

Please complete this survey at the second parent/teacher conference or in May for home based families.

Use this guide for specific steps to take based on the answers to the questions parents provide.

Head Start Program Performance Standard 1302.42 says 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.

Do you still have WIC?

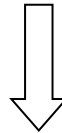
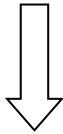
Yes No

Do you still have the same Medical Home facility/Doctor and Dentist? Yes

No, list new: _____

Are there any changes in your child's health care coverage or is your child uninsured?

Yes or No



YES: 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?

3. If no, why not? _____

NO: No further action is needed. Give this form to the Family Advocate to be returned to Central Office. Also, any and all health requirements that are **missing, failed, or about to expire** needs to be discussed and progress notes need to be written in.



Staff needs to leave Medicaid Information Flyer

Give this form to the Family Service Specialist for follow-up.

Office Use Only:

Family Advocate Date Reviewed _____

CO Entered ChildPlus _____

As "At End Enrollment" Status