

I have received the Health Passport for a child placed in my care.

## INSTRUCTIONS (631-G)

I understand that all Health Passport information is confidential. I may share it only with health care providers and Department of Social Services staff. If I have any questions, I will contact the child's caseworker.

**WHEN TO COMPLETE:** At placement.

**WHO COMPLETES:** The worker who places the child.

*(The placing worker should be sure all forms are completed by the initiating worker at the time that the child is transferred for placement.)*

This form is **REQUIRED** every time a child is placed or **EVERY** time a child is replaced.

### RECEIPT FOR HEALTH PASSPORT:

Identify the facility if the provider is other than a family home.

A client, *18 years or older*, who is competent to sign his/her own consents, or a client who is in an independent living status, may be given his/her own Health Passport and can sign the receipt. Indicate that the client signed for him/herself in space designed "Group Home/Institution."

### VERIFICATION:

I verify that the information on the existing Medi-Alert (631-A) dated \_\_\_\_\_ is current and complete on the date of this placement.

Complete this section **ONLY IF**, at the time of replacement, the existing Medi-Alert (631-A) is current and completed. If *any* information must be added or revised, a new Medi-Alert **MUST** be completed

### RETURN OF HEALTH PASSPORT FROM CARETAKER

The worker, upon removing a child from a placement and receiving the Health Passport, shall sign and date the provider's copy of this form and return it to the provider. The worker should update the record copy.

The above named child has been removed from the provider's care and the Health Passport returned.

Date

Worker's Signature

## INSTRUCTIONS (631-F)

**WHEN TO COMPLETE:** At intake, when a child is removed and placed out of the home of the parent or legal guardian.

**WHO COMPLETES:** The worker who initiates the removal from the home of the parent or legal guardian into placement.

The form is **REQUIRED** for any child in placement. If consent is not obtained from the parent or legal guardian, the worker **MUST** complete the bottom section of the consent form.

If the parent is unavailable or refuses to sign, the worker **MUST**:

- sign the form verifying the effort to secure consent; and
- request court ordered medical guardianship at the first opportunity; and
- place a copy of the court order in the case record and note the location on all copies of the **CONSENT TO HEALTH CARE AND RELEASE OF RECORDS (631-F)**.

If the client is *18 years old or older*, and does not need to have a guardian appointed due to developmental disability, the client is considered a competent adult capable of signing consents for him/herself should it be medically necessary. The worker **MUST** sign the form verifying the client is 18 years or older.

If parental rights have been terminated and/or medical guardianship has been awarded by the court, the worker **MUST** sign the form verifying the case as a TPR case.

I could not obtain a parent or legal guardian's consent. I will petition the court for medical guardianship.

The client is at least 18 years of age and is competent to sign consents when required.

Parental rights have been terminated and/or medical guardianship has been awarded by the juvenile court. (Copy of court order can be found in Section 2-LEGAL of the case record.)

## INSTRUCTIONS (631-E)

This form must be completed for each visit to a health care provider, including dentists and other specialists, **EXCEPT** if a treatment or therapy is on-going and regularly scheduled, such as psychological therapy or an allergy series, a Health Visit Report (631-E) must be completed at the initial visit only with the frequency and end date noted under Section B. 3.

Identifying information on health care provider may be completed by that provider, the caretaker, or the worker. Identifying information on the child and worker should be completed by the caretaker or worker.

### A. TYPE OF VISIT

1. Initial Health Screen: A child must have an initial Health Screen within 5 days of entry into care. (See Circular Letter 91-17 for content of examination.)
2. Comprehensive Health Assessment: A child must have a Comprehensive Health Assessment within 60 days of entry into care. (See Circular Letter 91-17 for content.) This is always a full EPSDT examination.

**Note:** Both 1 and 2 can be completed during the same visit if all elements of both are performed within 5 days of entry into care. Check both boxes.

3. Well Child/  
EPSDT/Healthy Kids: Refer to the Healthy Kids Program - Schedule of Preventive Health Care
4. Sick/Emergency
5. Other: The type of visit should be specified. It can include dental visits, mental health evaluations or therapy, eye, orthopedic or gynecological/gyn examinations, or other specialists.

**B. VISIT INFORMATION:** This section must be completed by the health care provider or 2 copies of the provider's report must be attached. One copy is retained in the Health Passport and the other is sent to the worker with the "case record" (yellow) copy of the Health Visit Report (631-E) form.

2. Immunizations: This section documents immunizations administered during the visit. Immunizations chart on CHILD'S HEALTH HISTORY (631-B) Section III must be updated also.
- 3 Follow up Needed: This section documents the needed follow-up treatments by this provider or referrals to another physician or service.

If a condition requires regularly scheduled, on-going visits, the frequency and completion date must be noted. Only one HEALTH VISIT REPORT (631-E) is required.



# INSTRUCTIONS (631-B)

**MARK "X" IN THE APPROPRIATE BOX IN ALL SECTIONS.**

**WHEN TO COMPLETE:** At intake, when a child is removed and placed out of the home of the parent or legal guardian.

**WHO COMPLETES:** The worker who initiates the removal from the home of the parent or legal guardian into placement. **Additional information should be added by subsequent workers as information becomes known.**

Medical records should be requested if information is not provided by parent, legal guardian or caretaker.

**Prenatal/Birth:** Complete items 1-5 for child **under 5 years old**. Complete items 6-9 for **all children**.

**Immunizations:** Complete for immunizations prior to entry into care and update as appropriate.

**Family History:** Indicate any major health problems, such as:

- |                          |  |
|--------------------------|--|
| Birth Defects            | Mental Retardation                       |
| Congenital heart defects | Learning Disabilities                    |
| Cleft lip/palate         | Mental Illness, (specify)                |
| Spina Bifida             | Alcoholism                               |
| Kidney Disease           | Childhood Orthopedic Problems, (specify) |
| Curved Spine             | Childhood Muscle Problems                |
| Heart Disease            | Diabetes                                 |
| Cancer, (specify)        | Childhood Deafness                       |
| Down Syndrome            | Childhood Blindness                      |
| Cystic Fibrosis          |  |
| HIV*                     |  |

\* If parent has tested HIV+, note on case record copy only and check the box in Section VII marked "Additional confidential information is available...."

VI. This section **MUST** be completed - "Other" may include child's relatives, caretaker, case or medical records. Check all that apply.

## INSTRUCTIONS (631-A)

**MARK "X" IN THE APPROPRIATE BOX(ES) IN ALL SECTIONS.**

**WHEN TO COMPLETE:** At intake, when a child is removed and placed out of the home of the parent or legal guardian OR at replacement with another caretaker.

**WHO COMPLETES:** The worker who initiates the removal from the home of the parent or legal guardian for placement OR replaces the child.

This form **MUST** be completed whenever a child is placed OR when a child is replaced. All information **MUST** be transferred to a new form at replacement if a new form is required. *(Exception: If the existing Medi-Alert form contains complete and current information, the existing form can be continued. Verify this on the Receipt of Health Passport form (DHR/SSA 631G) at the time of placement.)*

### Case Identifying Information:

4. If no medical assistance or health insurance number exists, this information must be added as soon as possible. A number can be identified even before a card is issued.

### I. Current Health Care Providers:

A/B. Identify the name and address of primary health care providers (pediatrician, HMO, etc.)

### II. Placement Information:

- C. This Health Visit Report **must** document child's condition at the initial placement. A new Health Visit and Report is recommended at every replacement which is longer than one month from last visit.

### III. Chronic Health Problems:

Mark all that apply. If "Other" specify. Completion is based on the best knowledge of the provider of the information.

### IV. Present Medication:

Any medication the child is taking at the time of placement **MUST BE** listed.

Dose/Frequency: Include actual AM or PM time; before or after meals, with food, etc.

### VI. Special Needs:

May be determined by worker observation or information from caretaker.

### VII. Personal Hygiene:

Attention should be given to age and abilities of child.

### XI. Comments:

Use this area for any additional or unusual information related to items above or conditions not covered by form.