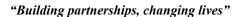


Head Start





Child Health Form Medical / Dental Home

Child's Name:	· · · · · · · · · · · · · · · · · · ·		
Insurance Type:			
CHIPS			
Medicaid			
Private:Other (TriCare)			
No Coverage	;		
Policy Number:			
Policy Number: Yes _	No		
Current Medical Provider:			
Dhomas			
None at this time			
Current Dental Provider:			
Dl			
None at this time			
Trone at any time			
Hospital to use in case of an emerge	ency:		
Disability	Suspected	Identified	
Autism			
Emotional/Behavior			
Hearing Impairment			
Learning Disability			
IDD			
Orthopedic Impairment			
Vision Impairment			
Speech or Language			
Traumatic brain Injury			

Revised: 2/25/19