DIVISION OF COMMUNITY BASED CARE SERVICES – SPECIAL MEDICAL SERVICES

SHORT APPLICATION ~For ☐ Child Development Programs ☐ HC-CSD Outreach

Applicant Name: _____ (Last MI First) **Date Of Birth:** _____ **Sex:** ☐M ☐F

Applicant Residence: _____ (Street Address) _____ (Town/City) NH _____ (Zip)

Mail same as Residence? : ☐ **Yes** ☐ **No** **Phone:** **E-Mail:**

Mail Address: _____

Ethnicity: *Are you Hispanic, Latino/a, or Spanish origin*	**Race :** *What is your race?*		
☐ No, not of Hispanic, Latino/a, or Spanish origin	☐ White	☐ Filipino	☐ Japanese
☐ Yes, Mexican, Mexican American, Chicano/a	☐ Black or African American	☐ Vietnamese	☐ Korean
☐ Yes, Puerto Rican	☐ American Indian or Alaska Native	☐ Samoan	☐ Native Hawaiian
☐ Yes, Cuban	☐ Asian Indian	☐ Other Asian	☐ Chinese
☐ Yes, another Hispanic, Latino, or Spanish origin	☐ Other Pacific Islander	☐ Guamanian or Chamorro	

Applicant is a US Citizen or Legal Resident Alien? ☐ **Yes** ☐ **No** ☐ **Other** _____

Primary Language Spoken: ☐ English ☐ Spanish ☐ Other _____

Use/Need An Interpreter? ☐ No ☐ Yes/ for Verbal Language(above) ☐ Yes /for Forms ☐ Yes /Deaf ☐ Yes/Other

Type of House Hold ☐ **Married** ☐ **Guardian/Foster** ☐ **Divorced** ☐ **Single Parent** ☐ **Widow**

Parent/Guardian ~1 - who lives in the home		**Parent/Guardian ~2 - who lives in the home**	
Name:		**Name:**	

INSURANCE INFORMATION

☐ **Medicaid** ☐ **Private Insurance** ☐ **Medicaid & Private** ☐ **HC-CSD** ☐ **HC-CSD & Private** ☐ **None/Unknown**

Medicaid ID Number: _____ **Medicaid Managed Care Organization** _____

Private Insurance Name **Insurance ID #**

OTHER SERVICES RECEIVED

☐ **SSI Payments** ☐ **Area Agency** ☐ **Early Supports & Services** ☐ **PIH ~Family Support**

Diagnosis							
ICD9 code		**ICD9 code**		**ICD9 code**		**ICD9 code**	

Program Code	**Referral Code**	**Enroll Date (Mo & Yr)**		**Status**	**Clinic Location**	☐ Laconia-071	☐ Keene-078	☐ Lebanon-070
				1	☐ Manchester –1 (JC)072	☐ Manchester-2 (NE)077	☐ North Country-075	

Signature of Person who completed application		Date Completed	

☐ **New Application** ☐ **Updated Application** **SMS Case #** _____ **Entry Date:** _____