NEW HAMPSHIRE
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS & SERVICES
BUREAU FOR FAMILY CENTERED SERVICES

Partners in Health: Health Care Provider Diagnosis Verification Form

The NH Partners in Health Program (PIH) provides social support services to families of children ages 0 to 21 years with chronic health conditions or young adults themselves, regardless of income.

Applicant Information

Name: **Date of Birth:**

(First) (Middle) (Last)

Child/Young Adult's Diagnosis

The Partners in Health Program per He-M 523 does not cover developmental disability, mental illness, dental condition, or obesity alone. ***Please list and describe the impact of each chronic physical health condition and the corresponding ICD 10 code below:***

Chronic Health Condition	Impact	ICD 10 Code

Below are qualifying criteria for a chronic health condition for the program per He-M 523. Not all criteria are needed to qualify. ***Please check yes or no to the following statements. One or more of the chronic health condition(s) listed above:***

YES	NO	
☐	☐	Will last or is expected to last for 12 months or longer.
☐	☐	Significantly affects the child/young adult's ability to function on a daily basis in the areas of emotional, social, or physical development.
☐	☐	Significantly affects the child/young adult's ability to function on a daily basis in his or her family, school, or community.
☐	☐	Requires more frequent and intensive medical care from primary care and specialty providers than is typically required for well child and acute illness visits.

Comment(s):

Please check yes or no to the following statement.

☐ YES	☐ NO	This child/young adult has a developmental disability.

Certification

I certify that I furnished the above information and that the above information is true in whole.

(Signature of MD, DO, or APRN) *(Date)*

Print Name: Phone:

Address:

Please mail or fax to the NH Partners in Health office:
Partners in Health Program Assistant
NH DHHS, Bureau for Family Centered Services
129 Pleasant Street, Thayer Building
Concord, NH 03301
Fax: (603) 271-4902

Date Received:

(BFCS Office use only)

Please see the required release of information attached.