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| Child Health Intake Form (CHIF) | logo for the Washington State Department of Health |
| DOH 141-184 February 2025 |

The [Children and Youth with Special Health Care Needs (CYSHCN)](https://doh.wa.gov/you-and-your-family/infants-and-children/health-and-safety/children-and-youth-special-health-care-needs) Program is funded by the state and federal resources and offered through (**Your Organization**). We use the information on this form to understand how to serve you better and get a count of the number of CYSHCN being served across the state. We share this information with the Health Care Authority to provide additional care coordination through your current Managed Care Organization. **\*\*required information**

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| **Child’s Name: (Please print clearly)** | **Child’s Date of Birth:** | **Gender (please circle)****M or F or Non-Binary**  |
| **Address: City:****State:** | **Zip Code:** | **County:** |
|  Insurance Coverage: please check all that apply Apple Health (Medicaid or Provider One)  **\*\*Do you pay a premium each month? \_\_\_ Yes \_\_\_ No**   **\*\*PROVIDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WA*** Private insurance
* Tri-Care (CHAMPUS – military)
* None
 | **Race:*** Asian or Asian American
* Black
* Native American
* Alaskan Native
* Hispanic or Latinx
* White
* Native Hawaiian or Pacific Islander
* Not Listed
* Prefer not to disclose
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| If you are not on Apple Health, you may be eligible for free or low-cost coverage, including secondary coverage and help with premium payment for private insurance. **Check the** [**income limits**](https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/children#:~:text=Your%20child%20may%20be%20eligible%20for) **to confirm if you qualify.**  |
| **Diagnosis I** | **ICD-10 Code** | **Diagnosis II** | **ICD-10 CODE** |
| **My child receives services through these state and community agencies:** * WIC
* Social Security Income or Disability
* Developmental Disabilities Administration
* Children’s Hospital (includes Mary Bridge)
* Foster Care
* Public Schools
* Early Support for Infants and Toddlers
 | **Please check which agency referred you to the children and youth with special health care needs programs or that you are involved with:*** + - (Name Local Organization)
		- (Name Local Organization)
		- (Name Local Organization)
		- (Name Local Organization)
		- (Name Local Organization)
		- (Name Local Organization)
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To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.