NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL HEALTH CARE PLAN FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS

You may use this form or an approved equivalent to document an individual health care plan developed for a child with special health care needs.

A child with a special health care need means a child who has a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.

Working in collaboration with the child's parent and child's health care provider, the program has developed the following health care plan to meet the individual needs of:

Child Name:	Child date of birth:
Cina Hand.	Offind date of birth.
Name of the child's health care provider:	☐ Physician
	☐ Physician ☐ Physician Assistant
	☐ Physician Assistant ☐ Nurse Practitioner
	☐ Nuise Practitioner
Describe the special health care need health care provider. This should incluinformation shared post enrollment.	ds of this child and the plan of care as identified by the parent and the child's ude information completed on the medical statement at the time of enrollment or
DIAGNOSIS:	
SYMPTOMS:	
OTHER:	
TREATMENT:	
Identify the caregiver(s) who will pr	rovide care to this child with special health care needs:
Caregiver's Name	Credentials or Professional License Information (if applicable)
	CPR First Aid and Medication Administration Training (MAT)

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Describe any additional training, procedures or competencies the caregiver identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

Most staff is trained in CPR and First Aid, and some staff are trained to give medication (MAT)			
List any restrictions or limitations while at SCOPE:			
identified to provide all treatn plan are familiar with the child competency to administer su	nents and administer medication to the child care regulations and have received any add ch treatment and medication in accordance	·	
Program Name:	License/Registration Number:	Program Telephone Number:	
Child care provider's name (please print):		Date:	
Child care provider's signature:			
Signature of Parent:			
		Date:	
Y			