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:
P	
Name of the child's health care provider:	
Name of the child's health care provider.	☐ Physician
	Physician Assistant
	☐ Nurse Practitioner
Describe the special health care needs of the health care provider. This should include in information shared post enrollment.	nis child and the plan of care as identified by the parent and the child's formation completed on the medical statement at the time of enrollment or
Identify the caregiver(s) who will provide Caregiver's Name	care to this child with special health care needs: Credentials or Professional License Information (if applicable)
Caregiver 5 Name	Credentials of Froiessional License information (if applicable)

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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.

who will provide this training.		
identified to provide all treatments and plan are familiar with the child care reg competency to administer such treatm	d administer medication to the child gulations and have received any add nent 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:		1
Signature of Parent:		
v		Date: