**INTAKE VISIT Care Coordinator Cue Card**

This visit is to help us get a good picture of your child and your family. We are going to ask a lot of questions. Sometimes we ask questions that you haven’t been asked before. If any questions are too personal or uncomfortable, you don’t have to answer them. But we want you to understand that every question helps us have a better understanding of your family, and your strengths and needs. We can give you better advice about what services you may be eligible for, if we have a good understanding of your family.

**What would you like us to know about your child?**

* What does he/she do well? Like? Dislike?
* If you had 2-3 sentences to help someone get to know your child beyond their diagnoses, what would you tell them?

* What do you and your child do for fun? What do you like to do out in the community?

**What would you like us to know about you/your family?**

* Who lives in your home? (If both bio parents aren’t mentioned, clarify where they both are and involvement?)
* Who helps care for your children?
* Who works outside the home, doing what, what hours?
* If you work, have you applied for FMLA?
* Do you (parents) and other children in the home have health insurance?
* Does anyone not speak English as first language?
* How does your child’s special health needs impact your family?
* How is the health of the rest of the family? (Could complete family history here) What illnesses are there in the family – parents, siblings, grandparents, aunts/uncles/cousins? Anyone with a history of medical issues/learning problems/mental health concerns/substance use? )
* What is your means of transportation?
* Is there anything about your family’s culture, beliefs or habits that we should know when helping you with your health care?
* Have there been any changes recently in your household/family, such as sib leaving home, move to a new town/home, sickness or death of loved one, new job, separation or divorce?
* Do you have any concerns or worries for your child (learning, sleeping, self-care, friends, growth/development, doing things for themselves, school, behavior, the future?

**How does your child:**

Talk or communicate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Move around\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleep\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eat\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drink\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toilet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Take medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bath\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brush teeth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Get dressed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel in a vehicle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Play with others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handle self outside and in the community\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can I help you with any of the following needs?**

**Medical**

* What do you worry about related to your child’s health?
* How confident are you in managing your child’s needs? Are there specific things that you need now?
* Do you have any recent concerns or problems getting what you need?
* How many times have you been to the ED or urgent care in the last year?
* How many times has your child been admitted to the hospital?
* How do you like to learn about services and your child’s needs? Do you prefer reading, using the internet, talking to someone, being in a group?

**Social**

* Does anyone help you with babysitting and vacations or otherwise taking a break? Do you have someone that you talk to for support? Who would you call in an emergency?

**Educational /Childcare**

* Tell me about school and/or childcare.
* Does your child have a health plan at school or daycare?
* Does your child get special services?
* Do you have a copy of their last evaluation and case conference? (If yes, make a copy. If not, get a release) How is it working? What do you need?

**Financial**

* Do you have any issues meeting your financial needs? Housing, utilities, food, etc?
* What services do you get – SNAP, TNAF, WIC, childcare vouchers, adoption subsidy, family members on SSI/SSDI?
* What do you have to pay for out of pocket for your child’s healthcare?
* Are there other ways that your finances are tight? If your household income is less than 250% of the federal poverty level you may qualify for special services. Should we figure out if you are in that range?
* Have you thought about special needs trusts or ABLE accounts?

**Legal**

* Have you applied for SSI or learned about whether your child is eligible?
* Any issues with child custody, child support, DCS contacts, school special services, landlord issues – (pest control, smoke alarms, accommodations), immigration, violence exposure, insurance lapses?

**General**

* Do you have any concerns about safety of your child in your house or neighborhood?
* Do you have to work around barriers like stairs or narrow doorways or bathrooms that don’t work?
* (If child is >50# and non-weight bearing, or if caregiver has difficulty lifting) Do you have a patient lift? How do you get child in and out of bed, wheelchair, bathtub?
* Do you want/need equipment you don’t have?
* Do you worry about your child’s mental health, development, or any dangerous behaviors?
* Do you have concerns that your child may attempt to unlock the door, or reach for you while you are driving?

**Which of these services are you getting? Which do you need to get?**

* Well child check-up\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dental care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Specialty care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prescription medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* PT, OT, ST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Eyeglasses or vision care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hearing aids or hearing care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mental health care or counseling\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Substance use treatment or counseling\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Home health care (like nursing, personal care assistance, etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mobility aids or devices\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Communication aids or devices\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Durable medical equipment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Transportation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_