



SECTION I - TO BE COMPLETED BY DCF SOCIAL WORKER			
Placement Date:	<input type="checkbox"/> Initial Certification	<input type="checkbox"/> Six Month Review	<input type="checkbox"/> Annual Review
Child LAST Name:	Child FIRST Name:	DOB:	Gender:
DCF Office:	Case ID #:	Person ID #:	

SECTION II. TO BE COMPLETED BY THE CHILD'S PRIMARY HEALTH CARE PROVIDER.
 Check the corresponding box that most closely describes the needs of the above named child at this time.

<input type="checkbox"/>	1. Potential Condition-Related Risk means a child who has a chronic health condition which is under good control but requires an educated caregiver. Chronic diseases in this classification include, but are not limited to; mild or moderate persistent asthma; cancer in remission until child is medically cleared by the medical provider; chronic infections such as Hepatitis C and latent TB which require monitoring but no treatment; well-identified allergies which require Epi-pen use; and a newborn with perinatal substance exposure requiring medication upon discharge;
<input type="checkbox"/>	2. Medically at Risk means a premature infant (born at less than 32 weeks gestation) or a child who has a chronic health condition which may periodically become life-threatening such as well-controlled insulin-dependent diabetes; a well-controlled seizure disorder requiring medication; and moderate-to-severe asthma that has not resulted in a pediatric intensive care (PICU) or acute hospitalization in the last six months; a chronic infection such as hepatitis C and latent tuberculosis, for which the child is receiving treatment. (Note: Conditions resulting in repeated hospitalizations should be classified as level 3)
<input type="checkbox"/>	3. Intensive Medical Needs means a child with a chronic condition that is not well-controlled and/or which requires daily or regular intensive medical follow-up or treatment, including severe forms of chronic disease such as poorly-controlled insulin-dependent diabetes; diabetes that requires the use of insulin pumps; a poorly controlled seizure disorder; hemophilia; immune disorder; and severe persistent asthma which requires intensive and ongoing medical follow-up or has required an acute hospitalization or PICU admission in last 6 months
<input type="checkbox"/>	4. Technology Dependent or Medically Dependent Technology Dependent means a child who requires a mechanical device or special technological intervention to maintain or sustain life. Children in this classification require routine or periodic assistance from trained or licensed nursing personnel and the availability of professional skilled nursing personnel for assessment of the child's medical status. Examples of children who are technology-dependent are those who require substantial assistance with activities of daily living; those who are unable to ambulate independently due to cerebral palsy or developmental disabilities; and those who may be temporarily unable to ambulate independently due to an injury or surgery, but who are expected to remain in this status only temporarily. <p style="text-align: center;">OR</p> Medically Dependent means a child whose medical status require specially-trained personnel immediately available to attend to the child, for whom a skilled nursing assessment may be needed as frequently as every two hours, or for whom round-the-clock nursing care is required. Children who are medically-dependent may be able to live outside of a medical care facility, but are dependent upon a high level of care and assessment in order to sustain life, such as children with tracheostomies or on ventilators.

Medical Diagnoses:

PRIMARY HEALTH CARE PROVIDER'S CERTIFICATION OF COMPLEX MEDICAL NEEDS:
 I certify that this child requires the care checked above.
 I certify that this child currently requires NONE of the care listed above.

Health Care Provider's LAST Name:	Provider's FIRST Name:	Health Care Provider's Signature::	Date:
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SECTION III - TO BE COMPLETED BY DEPARTMENT OF CHILDREN AND FAMILIES STAFF

RRG Nurse LAST Name:	RRG Nurse FIRST Name:	RRG Nurse Signature:	Date:
SW LAST Name:	SW FIRST Name:	SW Signature:	Date:
SWS LAST Name:	SWS FIRST Name:	SWS Signature:	Date:
PS LAST Name:	PS FIRST Name:	PS Signature:	Date: