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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-00989A (02/2017) | **STATE OF WISCONSIN** |
| **CHILD AND FAMILY INFORMATION** |
| Child’s Name | Date of Report |
| Enter date | Enter date |
| Parent / Legal Guardian Name | Parent / Legal Guardian Name |
| Enter date | Enter date |
| Relationship to Child | Relationship to Child |
| Enter date | Enter date |
| Street | City | State | Zip Code | Street | City | State | Zip Code |
| enter date | enter date | WI | enter date | enter date | enter date | WI | enter date |
| Phone Number | Phone Number |
| Enter date | Enter date |
| Alternate Phone Number | Alternate Phone Number |
| Enter date | Enter date |
| Email Address | Email Address |
| Enter date | Enter date |
| Other Caregiver Name | Other Caregiver Phone Number | Street | City | State | Zip Code |
| Enter date | Enter date | enter date | enter date | WI | enter date |
| Primary Language of Parent / Legal Guardian | Primary Language of Child |
| Enter date | Enter date |
| Child’s Race | Child’s Ethnicity: Hispanic |
| Enter date | [ ]  Yes [ ]  No |
| Spends Day With Name | Relationship |
| Enter date | [ ]  Mom [ ]  Dad [ ]  Childcare Provider (Name) Enter date [ ]  Other (specify) Enter date |
| List Others in the Child’s Home (Include Pets) |
| Click here to enter text. |
| List Other Important People in the Child’s Life |
| Click here to enter text. |
| Referral Source Name / Title / Contact Information |
| Click here to enter text. |
| Primary Medical Care Provider Name / Medical Home |
| Click here to enter text. |
| Community Supports (Select Services and Programs Child / Family Use) |
| [ ]  BadgerCare Plus | [ ]  Health Department | [ ]  SSI |
| [ ]  CYSHCN | [ ]  Healthy Start | [ ]  W2 |
| [ ]  Department of Human Services | [ ]  Katie Beckett | [ ]  WIC |
| [ ]  Family Resource Center | [ ]  Library | [ ]  YMCA/YWCA |
| [ ]  Family Support | [ ]  Medicaid/MA | [ ]  Support Groups Enter date |
| [ ]  Head Start | [ ]  FACETS | [ ]  Other Enter date |