

## OHIO DEPARTMENT OF HEALTH CHILDREN WITH MEDICAL HANDICAPS PROGRAM (CMH)

FAX 614-728-3616

## NOTIFICATION OF CHANGES IN CHILD/FAMILY STATUS

Pgtuqp"eqorngvkpi "vjg"hqto:		P co g"qh'Ci gpe{:			Dcvg: mm/dd/yyyy		
Phone Number:		Fax Number:					
CrłępyP co g:			IH Ccug #	Dcvg'qh'Dkvj: mm/dd/yyyy			
New Address:							
Phone of Client/Parent/Guardian:	Ethgevkxg'F cvg: mm/dd/yyyy						
Dqgu''y ku'kpxqrxg''c''o qxg''vq''c''f khigt Yes No New Co		Doeu''y kt'kpxqrxg'c''o qxg''q'c'f kttgtgpv'J gcnj 'F gr ct vo gpv? Yes No New Health Dept:					
NEW/CURRENT INSURANCE INFORM	MATION FOR THE CLIENT						
Nco g'qh' <b>K</b> puwtcpeg'Eqo r cp{:			Pj qpg'P wo dgt:				
Nco g'qh' <b>Kp</b> uwtgf:			Ehgetkg'F ctg: mm/dd/yyyy				
Pqrke{"P wo dgt:			Gtqwr 'P wo dgt:				
Dqgu"{qwt'r ncp" penwfg"r tguethr wkqp"dgpghkur Yes No			Dqgu"{qwt"f twi "r ncp"tgs wktg"o ckn'order'r j cto ce{: Yes No				
Nco g'qh'cqo r cp{ 'vj cv'cf o kpkngtu'	prescription dgpghks:						
Dqgu'enkgpv'j cxg'f gpvcnkpuwtcpeg: Yes No Dqg			"enlegpv"j cxg"xkukqp"lpuwtcpeg: Yes No				
P co g''qh''cqo r cp{ ''vj cv''cf o kpkuvgtu''	f gpvcn'dgpghkv.						
P co g'qh'cqo r cp{ 'vj cv'cf o kpkngtu'	'xkukqp''dgpghkv.						
What services are not covered by y	our insurance? (Examples: Orth	odontia, Pro	escriptions, etc.)				
CHANGE IN MEDICAID STATUS (ch	eck correct line)						
☐ Arrtqxgf Ccug #				Dcvg:			
□ Dgpkgf	Rgcuqp:		mm/dd/yyyy  Dcvg: mm/dd/yyyy				
□ Nq'nqpi gt''grki kdkrg	Rgcuqp:			Dcvg: mm/dd/yyyy			
NAME OF MEDICAID HMO INSURANCE (if applicable):							
* If denied or no longer eligible, please include denial copy or notification from ODJFS.							
CHANGES IN FAMILY STATUS (parent/guardian name change, change in guardianship, etc):							
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CHILD EXPIRED: Please attach Obituary or Death Certificate Dcyg: mm/dd/yyyy							



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## **ADDENDUM**

Person completing the form (please print):		Name of agency:		Date: mm/dd/yyyy				
Phone:		Fax Number:						
Client Name:	CMH Case #		Date of Birth:					
ADDITIONAL CHANGES NEEDED ON LETTER OF APPROVAL (LOA) (extension of Diagnostic services needed, additional diagnoses and CMH physician providing care, etc)								
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