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: Name of the child's health care provider: ☐ Physician ☐ Physician Assistant ☐ Nurse Practitioner Describe the special health care needs of this child and the plan of care as identified by the parent and 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. Identify the caregiver(s) who will provide care to this child with special health care needs: Caregiver's Name Credentials or Professional 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.

This plan was developed in close collab identified to provide all treatments and plan are familiar with the child care regu competency to administer such treatme	administer medication to the cl lations and have received any a	nild listed in the specialized individual additional training needed and have de	health care
Program Name:	License/Registration Number:	Program Telephone Number:	
Child care provider's name (please print):		Date:	
Child care provider's signature:			
Signature of Parent:		Date:	1
x		Date.	