

# Care Guide

Medical and  
Emergency Records





The CP Family Care Guide is a tool for organizing and tracking all the health care information needed by medical staff and caregivers of a child with special health care needs.

The goal of the Care Guide is to make finding and using this information easier. It is packed with forms to record and track doctor's visits, appointments, supplies, medications, hospital stays—you name it. It also serves as a "communications guide" for other caregivers and family members who interact with your child.

It may take a bit of time to get the Care Guide together, but it will be worth it in the long run. The notebook is designed so that pages can be filled out and updated right on your computer screen. The pages can then be saved, printed and organized in a 3-ring binder or other folder. Home health nurses and family members will have your specific instructions and contact information at their fingertips.

Our special thanks to Survival Guide Editor Lee Vanderloop. CPMFamilyNetwork hopes that this Care Guide will be extremely useful to you and your family.

Best Wishes,

The CPMFamilyNetwork Team

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# Emergency Information for Children with Special Needs

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Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Nickname \_\_\_\_\_  
Home Address \_\_\_\_\_ Home/Work Phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Emergency Contact/Relationship \_\_\_\_\_  
Signature/Consent\* \_\_\_\_\_ Allergies \_\_\_\_\_  
Primary Language \_\_\_\_\_ Phone \_\_\_\_\_

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## PHYSICIANS

Primary Care Physician \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Specialty \_\_\_\_\_ Fax \_\_\_\_\_

Current Specialty Physician \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Specialty \_\_\_\_\_ Fax \_\_\_\_\_

Current Specialty Physician \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Specialty \_\_\_\_\_ Fax \_\_\_\_\_

Nearest ER \_\_\_\_\_ Pharmacy \_\_\_\_\_  
Hospital Where Ambulance Will Go \_\_\_\_\_

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## DIAGNOSES/PAST PROCEDURES/PHYSICAL EXAMS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Synopsis \_\_\_\_\_  
\_\_\_\_\_

Baseline Physical Findings \_\_\_\_\_  
\_\_\_\_\_

Baseline Vital Signs \_\_\_\_\_  
\_\_\_\_\_

Baseline Neurological Status \_\_\_\_\_  
\_\_\_\_\_

\* Consent for release of this form to health care providers

# Emergency Information for Children with Special Needs (continued)

## DIAGNOSES/PAST PROCEDURES/PHYSICAL EXAMS (CONTINUED)

Medications \_\_\_\_\_  
\_\_\_\_\_

Significant baseline ancillary findings (lab, x-ray, ECG) \_\_\_\_\_  
\_\_\_\_\_

Prostheses/Appliances/Advanced Technology Devices: \_\_\_\_\_  
\_\_\_\_\_

## MANAGEMENT DATA

Allergies: Medications/Foods to be avoided, \_\_\_\_\_ and why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedures to be avoided, \_\_\_\_\_ and why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IMMUNIZATIONS (MM/YY)

Type	Date	Date	Date	Date	Date	Type	Date	Date	Date	Date	Date
DPT						Hep B					
OPV						Varicella					
MMR						TB Status					
HIB						Other					

Antibiotic Prophylaxis \_\_\_\_\_ Indication \_\_\_\_\_ Medication and Dose \_\_\_\_\_

## COMMON PRESENTING PROBLEMS/FINDINGS WITH SPECIFIC SUGGESTED MANagements

Problem \_\_\_\_\_  
Suggested Diagnostic Studies \_\_\_\_\_  
Treatment Considerations \_\_\_\_\_

## COMMENTS ON CHILD, FAMILY, OR OTHER SPECIFIC MEDICAL ISSUES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician/Provider Signature \_\_\_\_\_ Print Name \_\_\_\_\_

# Local and Specialty Care Providers

---

Primary Physician \_\_\_\_\_

Office Nurse \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Local Hospital \_\_\_\_\_

Medical Record Number \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Emergency Room Phone \_\_\_\_\_

Nearest Hospital \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Main No. \_\_\_\_\_ Emergency No. \_\_\_\_\_

Ambulance No. \_\_\_\_\_

Specialty Care Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Specialty Care Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Specialty Care Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Specialty Care Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Other Hospital and Clinic Information

---

Hospital Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Main No. \_\_\_\_\_ Emergency No. \_\_\_\_\_

Website \_\_\_\_\_

Clinic \_\_\_\_\_

Medical Record Number \_\_\_\_\_

Hours/Days of Operation \_\_\_\_\_

Physician \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Clinic \_\_\_\_\_

Medical Record Number \_\_\_\_\_

Hours/Days of Operation \_\_\_\_\_

Physician \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Clinic \_\_\_\_\_

Medical Record Number \_\_\_\_\_

Hours/Days of Operation \_\_\_\_\_

Physician \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Clinic \_\_\_\_\_

Medical Record Number \_\_\_\_\_

Hours/Days of Operation \_\_\_\_\_

Physician \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

# Pharmacy Information

---

Pharmacy \_\_\_\_\_  
Hours of Operation \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Pharmacy \_\_\_\_\_  
Hours of Operation \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Pharmacy \_\_\_\_\_  
Hours of Operation \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Pharmacy \_\_\_\_\_  
Hours of Operation \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_



## Public Health Providers

Public Health Department \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Public Health Nurse \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Nutritionist \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Other \_\_\_\_\_

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## Dental Care Providers

Dentist/Orthodontist \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Other \_\_\_\_\_

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# Home Nursing Providers

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Home Nursing Agency \_\_\_\_\_  
Start Date \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Home Nursing Agency \_\_\_\_\_  
Start Date \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Home Nursing Agency \_\_\_\_\_  
Start Date \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Home Nursing Agency \_\_\_\_\_  
Start Date \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

# Therapy Providers/Agencies

---

Therapist Name/Type \_\_\_\_\_  
Start Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Therapist Name/Type \_\_\_\_\_  
Start Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Therapist Name/Type \_\_\_\_\_  
Start Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Therapist Name/Type \_\_\_\_\_  
Start Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

# Family Support Providers

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Division of Developmental Disabilities \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Service Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Service Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Service Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Service Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

## Early Intervention Services

Developmental Disability Center \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Family Resource Coordinator \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Other \_\_\_\_\_

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# School Contacts

---

Board of Education \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

School/Pre-School \_\_\_\_\_  
Principal \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Vice Principal \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Website \_\_\_\_\_

School Nurse \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Teacher \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Teacher \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Teacher \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Teacher \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Personal/Classroom Aide \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Personal/Classroom Aide \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

# Special Transportation Services

---

School Coordinator \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Transportation Service \_\_\_\_\_

Contact Person \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Transportation Service \_\_\_\_\_

Contact Person \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Transportation Service \_\_\_\_\_

Contact Person \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Transportation Service \_\_\_\_\_

Contact Person \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_



# Child Care Providers/Agencies

---

Provider \_\_\_\_\_  
Start Date \_\_\_\_\_ # of days \_\_\_\_\_ # of hours \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Provider \_\_\_\_\_  
Start Date \_\_\_\_\_ # of days \_\_\_\_\_ # of hours \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Provider \_\_\_\_\_  
Start Date \_\_\_\_\_ # of days \_\_\_\_\_ # of hours \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Provider \_\_\_\_\_  
Start Date \_\_\_\_\_ # of days \_\_\_\_\_ # of hours \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

## Respite Care Providers/Agencies

---

Provider \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Provider \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Provider \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Provider \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

# Help Finding Resources for Children with Special Needs

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Each community has resources to help families that have children with special needs. However, sometimes those resources are hard to find. You can look to the following places to find the help you need.

**Public Health Nurses (PHN):** There are registered nurses at the local health department who can help you with general questions and services. Ask them about other services, too.

**Family Resource Coordinators (FRC):** These are local case managers that can help locate resources for you in your community. They mainly work with families whose children are under 3 years of age.

**Your child's school:** The public school is equipped to work with special needs for the children it serves. Ask the principal, teachers, counselors and the nurse at the school about what they can offer you.

**Children with Special Health Care Needs (CSHCN) Coordinators:** These nurses can help you locate help in the health care arena.

**Other Parents of Children with Special Health Care Needs:** Ask at school, your doctor's office and other care providers for support groups or the names of other parents of children with special health care needs. They can be a great resource on what is available.

## ONLINE RESOURCES

National Organizations for Information on Disabilities

- Center for Parent Information & Resources  
c/o Statewide Parent Advocacy Network (SPAN)  
35 Halsey St, 4th Floor | Newark, NJ 07102 | (973) 642-8100 | [parentcenterhub.org/cp](http://parentcenterhub.org/cp)
- The Arc of the United States  
1825 K Street, NW Suite 1200 | Washington, DC 20006 | (800) 433-5255 | [thearc.org](http://thearc.org)

## DISABILITY LINKS

- Office of Child Care, Services for Children with Disabilities  
U.S. Department of Health and Human Services  
Administration for Children and Families  
Mary E. Switzer Building | 330 C ST SW, 4th floor | Washington, DC 20201 | (202) 690-6782  
[ChildCare.gov@acf.hhs.gov](mailto:ChildCare.gov@acf.hhs.gov) | [childcare.gov/consumer-education/services-for-children-with-disabilities](http://childcare.gov/consumer-education/services-for-children-with-disabilities)
- U.S. Government Services and Information  
(844) 872-4681 | [usa.gov/disability-programs](http://usa.gov/disability-programs)
- CDC Centers for Disease Control and Prevention– Learn the Signs. Act Early  
[cdc.gov/ncbddd/actearly/index.html](http://cdc.gov/ncbddd/actearly/index.html)

# Medication List

---

Date \_\_\_\_\_

Medication Name \_\_\_\_\_ Prescriber \_\_\_\_\_

Frequency \_\_\_\_\_

Duration \_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Medication Name \_\_\_\_\_ Prescriber \_\_\_\_\_

Frequency \_\_\_\_\_

Duration \_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Medication Name \_\_\_\_\_ Prescriber \_\_\_\_\_

Frequency \_\_\_\_\_

Duration \_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Medication Name \_\_\_\_\_ Prescriber \_\_\_\_\_

Frequency \_\_\_\_\_

Duration \_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

# Equipment List

---

Equipment \_\_\_\_\_  
Description (brand name, model, size, etc.) \_\_\_\_\_  
Serial Number \_\_\_\_\_  
Supplier \_\_\_\_\_ Website \_\_\_\_\_  
Date Obtained \_\_\_\_\_ Warranty Expiration \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Equipment \_\_\_\_\_  
Description (brand name, model, size, etc.) \_\_\_\_\_  
Serial Number \_\_\_\_\_  
Supplier \_\_\_\_\_ Website \_\_\_\_\_  
Date Obtained \_\_\_\_\_ Warranty Expiration \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Equipment \_\_\_\_\_  
Description (brand name, model, size, etc.) \_\_\_\_\_  
Serial Number \_\_\_\_\_  
Supplier \_\_\_\_\_ Website \_\_\_\_\_  
Date Obtained \_\_\_\_\_ Warranty Expiration \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Equipment \_\_\_\_\_  
Description (brand name, model, size, etc.) \_\_\_\_\_  
Serial Number \_\_\_\_\_  
Supplier \_\_\_\_\_ Website \_\_\_\_\_  
Date Obtained \_\_\_\_\_ Warranty Expiration \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Equipment \_\_\_\_\_  
Description (brand name, model, size, etc.) \_\_\_\_\_  
Serial Number \_\_\_\_\_  
Supplier \_\_\_\_\_ Website \_\_\_\_\_  
Date Obtained \_\_\_\_\_ Warranty Expiration \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

# Supply List

---

Item \_\_\_\_\_

Provider \_\_\_\_\_

Contact Information \_\_\_\_\_

Description \_\_\_\_\_

Item \_\_\_\_\_

Provider \_\_\_\_\_

Contact Information \_\_\_\_\_

Description \_\_\_\_\_

Item \_\_\_\_\_

Provider \_\_\_\_\_

Contact Information \_\_\_\_\_

Description \_\_\_\_\_

Item \_\_\_\_\_

Provider \_\_\_\_\_

Contact Information \_\_\_\_\_

Description \_\_\_\_\_

Item \_\_\_\_\_

Provider \_\_\_\_\_

Contact Information \_\_\_\_\_

Description \_\_\_\_\_

Item \_\_\_\_\_

Provider \_\_\_\_\_

Contact Information \_\_\_\_\_

Description \_\_\_\_\_

Item \_\_\_\_\_

Provider \_\_\_\_\_

Contact Information \_\_\_\_\_

Description \_\_\_\_\_

# Appointment Log

[illegible]

## Hospital Stay Tracking

[illegible]



## Medical/Surgical Log

[illegible]

## Lab Work/Tests/Procedures

---

Lab Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Type of Test \_\_\_\_\_ Date \_\_\_\_\_  
On-Line Scheduling \_\_\_\_\_ Website \_\_\_\_\_

Lab Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Type of Test \_\_\_\_\_ Date \_\_\_\_\_  
On-Line Scheduling \_\_\_\_\_ Website \_\_\_\_\_

Lab Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Type of Test \_\_\_\_\_ Date \_\_\_\_\_  
On-Line Scheduling \_\_\_\_\_ Website \_\_\_\_\_

Lab Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Type of Test \_\_\_\_\_ Date \_\_\_\_\_  
On-Line Scheduling \_\_\_\_\_ Website \_\_\_\_\_

Lab Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Type of Test \_\_\_\_\_ Date \_\_\_\_\_  
On-Line Scheduling \_\_\_\_\_ Website \_\_\_\_\_

## Growth Tracking

[illegible]

## Diet Tracking

[illegible]

# Medical Bills

---

Medical bills are notoriously difficult to understand and keep up with. Your various doctors and hospitals may all send different bills, due at different times. You'll have to keep track of appointments, paperwork, and insurance information in order to stay on top of your bills. There are a few ways to make it easier to manage them.

- Use the following bill tracking log to note who to pay, when you received the bill, when it is due, and when and how much you paid.
- Download and install a software program on your computer that allows you to track medical expenses. A number of these programs are available on the internet. Prices will vary.
- Track medical bills using your smartphone. There are many smartphone applications that can be downloaded and installed on your smartphone to track your expenses. The cost for each app will vary.
- Use the My Medicare online web portal to track your medical bills if you are a Medicare recipient. My Medicare is a free tool offered to Medicare patients by the federal government. In order to use the My Medicare portal, click the "Create an Account" link that is located on the front page of the portal. You will need your Medicare number, last name, date of birth, gender and zip code in order to register.

# Medical Bill Tracking

[illegible]

### Medical Bill Tracking (continued)

[illegible]

# Insurance/Funding Sources

---

Insurance Name \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ SSN \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Insurance Name \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ SSN \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Insurance Name \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ SSN \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Insurance Name \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ SSN \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_



## Other Funding Sources

[illegible]

# Family Profile

---

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Allergies \_\_\_\_\_ Blood Type \_\_\_\_\_  
Legal Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

## FAMILY MEMBERS

Mother \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email \_\_\_\_\_

Father \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email \_\_\_\_\_

Sibling \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_  
Sibling \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_  
Sibling \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

### Other Household Members

Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

Important Family Information \_\_\_\_\_  
\_\_\_\_\_

Language Spoken at Home \_\_\_\_\_ Other Language(s) \_\_\_\_\_  
Interpreter Needed Y/N Name \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

# Your Child's Contact List

---

## PUBLIC HEALTH NURSE (PHN)

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## FAMILY RESOURCE COORDINATOR

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## PEOPLE AT SCHOOL

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) COORDINATOR

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## OTHER PARENTS

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## HEALTH CARE PROVIDERS

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

## Care Profile: Your Child

Use this page to describe your child in his or her own words. What does your child like and not like? What does your child look forward to doing? What are his or her dreams?

Today's Date \_\_\_\_\_

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting or typing. There are no margins, text, or other markings on the page.

## Everyday Activities

This is where you can record how your child gets through the day. Include your child's routine for bathing, getting dressed, using the bathroom, and grooming. Be sure to include what your child does on his or her own and what he or she needs help to accomplish. Also include any equipment necessary to help your child with everyday activities.

Today's Date \_\_\_\_\_

This image shows a full page of handwriting practice paper. It features multiple sets of horizontal dashed lines spaced evenly down the page, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings.

## Care Summary: Daily Schedule

[illegible]

### Care Summary: Daily Schedule (continued)

[illegible]

## Relating to Others

Use this space to let other caregivers know how your child communicates. Note any special communication that works well with your child. Do you use sign language? Do you have gestures or hand signals that help him or her tell you things? What does your child respond to? List augmentative communication devices and instructions on how to use them.

Today's Date \_\_\_\_\_

[illegible]



## Summary: Stress

Stress could result from new people, a new environment, a change in routine, or a hospital stay. Describe how your child reacts to stress, what the best thing is to do to help him or her, and any ways to avoid stressful situations.

Today's Date \_\_\_\_\_

Sensitivities \_\_\_\_\_

Fears \_\_\_\_\_

Situations to Avoid \_\_\_\_\_

## Summary: Mobility

---

What can your child do to get around and what does he or she need help doing? What equipment does your child use and what is the best way to get him or her from one place to another?

Today's Date \_\_\_\_\_

Special Moving or Lifting Instructions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wheelchair Information (*make/model/specifications/dealer repair contact information, etc.*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Privately-Owned Modified Vehicle Information (*make/model/specifications/dealer repair contact information, etc.*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Information in Case of Malfunctions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedures/Protocol in Case of Malfunctions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Summary: Nutrition/Gastroenterology

---

What does your child eat? What is the best way to get nutrients to your child? What is he or she allergic to? What does he or she like and dislike? Are there any routines that are important to your child when eating?

Today's Date \_\_\_\_\_

Special Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies/Restrictions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Likes/Dislikes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Summary: Respiratory

Does your child need special attention to his or her respiratory needs? Is there equipment involved? How is it used? Are there any routines that help your child breathe?

Today's Date \_\_\_\_\_

Special Instructions \_\_\_\_\_

## Summary: Sleep and Downtime

Describe your child's sleep patterns. Does he or she sleep through the night? Take naps during the day? What is the best way to help your child get to sleep?

Today's Date \_\_\_\_\_

Sleep Routine/Fears/Restrictions \_\_\_\_\_

[illegible]

# Summary: Playtime

---

Describe your child's daytime routine. What does he or she like to do and in what order? What is the best way to engage your child in activities?

Today's Date \_\_\_\_\_

Special Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite Toys/Activities/TV Programs/Music \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Situations to Avoid \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restrictions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Disaster Preparedness

---

It is important to prepare yourself and your child for a disaster. This could be a natural disaster such as a hurricane or tornado, or an event like 9-11. Either way, having a plan is always important, and even more so when you have a child with special health care needs. If possible, have your entire Care Guide with you in the case of a disaster.

## Here is a checklist that will help you make a plan for a disaster:

- ☐ Create a current care plan and list of medications for your child
- ☐ Keep a two week supply of medications and supplies for your child
- ☐ Ensure back up systems or plans for medical equipment that require electricity
- ☐ Discuss with your child's doctor the best place for your child to be in a disaster
- ☐ Inform your local emergency management team and neighbors that you have a child with special needs
- ☐ Ask about a disaster plan for your child while he/she is at school, day care or church
- ☐ Put together a disaster supply kit for your family
- ☐ Designate a "meeting" place and central point of contact in case your family is separated during a disaster
- ☐ Make sure your small children know what emergency workers common to disaster scenes look like
- ☐ Think about plans for your pets
- ☐ Check your home for materials and items that might pose a hazard during a disaster
- ☐ Learn how to turn on and off utilities such as gas and electricity
- ☐ Check to make sure your smoke and carbon monoxide detectors are working in your home

## Supplies to include in your disaster plan:

- ☐ Two week supply of all disposable supplies such as dressing materials, nasal cannulas, or suction catheters
- ☐ Two-week supply of all medications
- ☐ Generator or battery backup for all electrical medical equipment that will last for several days
- ☐ Copies of prescriptions for medical equipment, supplies, and medications
- ☐ Extra contact lenses and supplies or glasses
- ☐ Extra batteries for hearing aids, communication devices
- ☐ Special dietary foods
- ☐ Manual wheelchairs and other necessary equipment

## FOR INFANTS AND CHILDREN (two week supply)

- ☐ Formula, ready-to-eat or with sterile water for mixing
- ☐ Diapers
- ☐ Bottles
- ☐ Powdered milk
- ☐ Medications
- ☐ Pacifiers
- ☐ Favorite blanket or toy

## Disaster Preparedness (continued)

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### Put together a first aid kit for your home and one per vehicle that includes:

- ☐ Sterile adhesive bandages in various sizes
- ☐ Assorted sizes of safety pins
- ☐ Cleansing agent/soap, including waterless alcohol-based
- ☐ Latex gloves (at least 2 pairs)
- ☐ Sunscreen
- ☐ 2-inch sterile gauze pads (4-6)
- ☐ 4-inch sterile gauze pads (4-6)
- ☐ Triangular bandages (3)
- ☐ Non-prescription medications for all family members
- ☐ Aspirin or non aspirin pain reliever
- ☐ Anti-diarrhea medication
- ☐ Antacid (for stomach upset)
- ☐ Syrup of Ipecac to induce vomiting, if advised by the Poison Control Center 1-800-222-1222
- ☐ Laxative
- ☐ Activated charcoal, if advised by the Poison Control Center
- ☐ Anti-itch cream
- ☐ 2-inch sterile roller bandages (3 rolls)
- ☐ 3-inch sterile roller bandages (3 rolls)
- ☐ Eye dressing pads
- ☐ Scissors
- ☐ Tweezers
- ☐ Needles and thread
- ☐ Moistened towelettes
- ☐ Antiseptic
- ☐ Thermometer
- ☐ Tongue blades (2)
- ☐ Tube of petroleum jelly or other lubricant

### Documents and other important items to keep in a waterproof, portable container:

- ☐ Copy of your Will
- ☐ Copy of your insurance policies
- ☐ Copies of any contracts & deeds
- ☐ Stocks and bonds
- ☐ Passports
- ☐ Social security cards
- ☐ Immunization records
- ☐ Bank account numbers
- ☐ Credit card account numbers and companies
- ☐ Inventory of valuable household goods
- ☐ Phone book with important telephone numbers
- ☐ Family records (birth, marriage, death certificates)
- ☐ Cash and change
- ☐ Disposable camera



# Disaster Preparedness (continued)

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## OTHER RESOURCES

### **The Homeland Security Office**

[www.ready.gov](http://www.ready.gov)

The Homeland Security Office hosts a website to assist Americans in preparing for and responding to disasters of all kinds.

### **The Red Cross**

[www.redcross.org](http://www.redcross.org)

The Red Cross website is home to a broad base of information about planning and responding to disasters.

## REMEMBER

- Stay in your home or other shelter during a disaster or emergency
- Stay off the streets and do not drive around unless absolutely necessary
- Do not use anything in your home that has a fire, such as a charcoal grill for cooking or staying warm
- Listen to your radio for updates and directions from emergency teams
- Follow the directions of officials
- Do not hide from officials
- Stay out of unfamiliar places
- Do not leave loaded weapons in the reach of children
- Put a sign on your home that shows you have chosen to stay there so officials can locate you after the emergency passes
- Keep all of your pets in a safe and secure place. Do not just "let them go."

# Acronym Index

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The following index lists a wide variety of acronyms used by professionals who work with families.

## A

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ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AIDS	Acquired Immune Deficiency Syndrome
ARC	The ARC: Advocates for the Rights of Citizens with Developmental Disabilities and their families
ARNP	Advanced Registered Nurse Practitioner

## B

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BIA	Bureau of Indian Affairs
BD	Behaviorally Disabled

## C

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CD	Communication Disorders
CDS	Communication Disorders Specialist
CFR	Code of Federal Regulations
CHDD	Center on Human Development and Disability at the University of Washington
CHRMC	Children's Hospital and Regional Medical Center
CP	Cerebral Palsy
CPS	Child Protective Services
CSHCN	Children with Special Health Care Needs
CSO	Community Service Office, DSHS

## D

---

DCFS	Division of Children and Family Services
DD	Developmentally Disabled
DDD	Division of Developmental Disabilities, DSHS
DDPC	Developmental Disabilities Planning Council
DH	Developmentally Handicapped
DMH	Division of Mental Health
DOH	Department of Health
DSB	Department of Services for the Blind
DSHS	Department of Social and Health Services
DVR	Division of Vocational Rehabilitation

## Acronym Index (continued)

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### E

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ECEAP	Early Childhood Education and Assistance Program
ED	Emotionally Disturbed
EEG	Electroencephalogram
EEU	Experimental Education Unit, CHDD
EFMP	Exceptional Family Member Program (helps military families locate to areas with services)
EKG	Electrocardiogram
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
ESE)	Educational Service District

### F

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FAPE	Free Appropriate Public Education
FRC	Family Resources Coordinator

### H

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HHS	Health and Human Services
HI	Health Impaired or Hearing Impaired
HMO	Health Maintenance Organization
HO	Healthy Options, DSHS, Medicaid Managed Care Program
HOH	Hard of Hearing

### I

---

IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Plan
IFSP	Individual Family Service Plan
I & R	Information and Referral
ISP	Individual Service Plan

### L

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LD	Learning Disabled
LDA	Learning Disabilities Association
LEA	Local Education Agency
LICWAC	Local Indian Child Welfare Advocacy Board
LRE	Least Restrictive Environment

## Acronym Index (continued)

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### M

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MCH	Maternal and Child Health
MD	Medical Doctor
MDT	Multi-Disciplinary Team
MH	Multiply Handicapped
MR	Mentally Retarded
MS	Multiple Sclerosis

### N

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NICU	Neonatal Intensive Care Unit
NORD	National Association of Rare Disorders

### O

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OCR	Office of Civil Rights
OEM	Office of Financial Management
Of	Orthopedically Impaired
OSEP	Office of Special Education Programs
OSERS	Office of Special Education and Rehabilitation Services
OSPI	Office of Superintendent of Public Instruction
OT	Occupational Therapist
OTR	Licensed and Registered Occupational Therapist

### P

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PAVE	Parents Are Vital in Education
P & A	Protection and Advocacy
PHN	Public Health Nurse
PL	Public Law
PT	Physical Therapy/Therapist
PTA	Parent Teacher Association

### R

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RN	Registered Nurse
RPT	Registered Physical Therapist

## Acronym Index (continued)

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### S

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SBD	Seriously Behaviorally Disabled
SEA	State Education Agency
SEAL	Special Education Advisory Council
SEPAL	Special Education Parent/Professional Advisory Council
SLD	Specific Learning Disability
SSA	Social Security Administration
SSI	Social Security Income
STOMP	Specialized Training of Military Parents
SW	Social Work/Worker

### T

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TANF	Temporary Assistance to Needy Families
TAPP	Technical Assistance for Parents and Professionals
TASH	The Association for Persons with Severe Handicaps
TBI	Traumatic Brain Injury
TDD	Telecommunication Device for the Deaf
TRICARE	U.S. Department of Defense Health Care System
TTY	Telecommunication Device for Deaf, Hearing Impaired, and Speech Impaired Persons

### V

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VI	Visually Impaired
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