CHAMPS CLINIC Intake/Application for Services Sheet

Date:	Referred by:	Comp	leted by:			
Are you already rep	oresented by an attorne	ey? Yes No				
do so, CHAMPS's s School of Medicine workers, financial c children. As part of acceptance and case	staff and students work and PH-USC Medical ounselors, and other ho our joint efforts, memb discussions. We also p you to us. Additionally	with the health team Group, including: p spital staff to solve p ers of the health team rovide a brief update				
Do you consent to hat case acceptance?	_	nealth team participa	te when we discuss your case			
May we contact the them know our first	-	ou to us to thank then	m for the referral and to let			
Client (Parent/Gua	rdian) Demographic In	formation:				
First Name:		Last Name:				
Relationship to Chil	d:	Parent on Medicaid? Yes No				
DOB:	Disability: Y	es No Gen	der:			
Race/Ethnicity:		Language (if not English):				
Marital Status:		Former Client? Yes	No			
Spouse/Partner Name	e & DOB:					
Address:						
Phone:	Type:	VM OK?	Text OK?			
Phone:	Type:	VM OK?	Text OK?			
Email ·						

Child's Information	n	
First:	M:	Last:
DOB:	Grade:	Gender:
Address (if different	from above):	
Phone (if different th	nan above):	Child Receiving Medicaid? Yes N
School:		
Diagnosis & Descrip	otion of Health Problems	
Health-Harming Leg	gal Needs & Reason for Intal	æ

SSI

Medicaid

Housing Possible Issues: Medicaid End of Life Planning Education

Adverse Parties (name, address, phone, DOB):

Date of Denial: SNAP

Number of Adults in Household:

Number of Dependents/Children in Household:

INCOME SOURCES	(estimated monthly)	ASSETS	
Employment #1		Cash/Savings	
Employment #2		Real Estate (not primary	
		home)	
SSI		Car Make/Model	
SSDI		Car Make/Model	
Child Support		Other	
Unemployment		TOTAL	
Pension/Retirement			
TANF		EXPENSES:	(estimated monthly)
Other		Rent/Mortgage	
		(arrearage)	
SNAP		Utilities: Gas(arrearage)	
TOTAL		Utilities: Electric	
		(arrearage)	
		Utilities: Water	
		(arrearage)	
		TOTAL	

ASK ONLY IF CHILD IS ON MEDICAID BUT PARENT IS NOT ON MEDICAID:

May we screen for whether you are eligible for Medicaid as a parent/caregiver? YES: NO:

NOTES: List Full Names, DOB, Relationship of Everyone Living in Home

CALL HISTORY:

Staff Date Notes