



**Child's Information**

First: M: Last:

DOB: Grade: Gender:

Address (if different from above):

Phone (if different than above): Child Receiving Medicaid? Yes No

School:

Diagnosis & Description of Health Problems

Health-Harming Legal Needs & Reason for Intake

Date of Denial: SNAP SSI Medicaid

Possible Issues: Medicaid End of Life Planning Housing Education

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

