## NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

## INDIVIDUAL HEALTH CARE PLAN FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS

Working in collaboration with the child's parent/guardian and child's health care provider, the following health care plan was developed to meet the individual needs of:

☐ Physician ☐ Physician Assistant ☐ Nurse Practitioner  is child and the plan of care as identified by the parent
☐ Physician Assistant ☐ Nurse Practitioner
☐ Nurse Practitioner
is child and the plan of care as identified by the parent
ould include information completed on the medical nation shared post enrollment.
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man i lebach ares antes d'elles est une membre à biris Les astronomes (per chiena, les d'elles de large el biriste de la la
care plan have a valid MAT collingue, GPE and fare ad-
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Didzą otaskuj woda a ved voją czep sitery basi solitu k
care to this child with special health care needs:
Credentials or Professional License Information*

OCFS-LDSS-7006 (Rev. 11/2004)



## Continued

Describe any additional training, procedures or competencies the staff 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.

describe how this additional training.	ning and competency w	ill-be achieved including who will provide
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leal on set no besigned in	1823 mark elegan harod	and the chitt's health care provious. This a
regulations related to the modality child's parent and the child's heal staff identified to provide all treatn care plan have a valid MAT certif	ibility to follow the above point of care I provide. This plate the care provider. *I understants and administer medicate, CPR and first aid call any additional training responses.	plan and all health and infection control day care an was developed in close collaboration with the stand that it is my responsibility to see that those cation to the child listed in the specialized health ertifications or have a license that exempts them needed and have demonstrated competency to the plan identified.
Provider/Facility Name:	Facility ID Number:	Facility Telephone Number:
Authorized child care provider's name (please	print):	Date:
Authorized child care provider's signature:	asiw Samuel at these	
Signature of Dozent or Counting		0.000
Signature of Parent or Guardia	1.	Date: