

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES INSTRUCTIONS FOR THE USE OF JFS 03528 HEALTHCHEK AND PREGNANCY SERVICES ASSESSMENT FORM

The Healthchek and Pregnancy Services Assessment form (ODJFS 03528)* is used to collect information during the process of informing parents or other caretakers about Healthchek or informing pregnant women about Pregnancy Related Services. The information is then used by ODJFS and HMO staff in assisting caretakers and eligible children in obtaining Healthchek and Pregnancy Related Services.

When a caretaker indicates that a family member is enrolled in an HMO, the CDJFS is alerted to the need for coordination of the delivery of support services with the HMO. A copy of this form is to be sent to the HMO to alert its staff about those eligibles who are requesting participation in the Healthchek program or need Pregnancy Related Services. Healthchek and Pregnancy Related Services staff need to make transportation services available to those individuals requesting it when the HMOs do not provide this service. If members of an assistance group have joined different HMOs, a copy of the Healthchek and Pregnancy Services Assessment form (03528) is to be sent to each HMO.

The form is to be completed by CDJFS staff during an interview with the parent/caretaker or may be mailed to the parent/caretaker for completion. All available identifying information, including case name, case number, eligibility date, children's names, birth dates, and Medicaid billing numbers should be completed.

The caretaker's preference for services (Healthchek medical, dental, pregnancy related, and support services) as well as information about the source of care need to appear on the form. Obtain the recipient's signature and enter the date when the caretaker was informed about the services. The informing date should be completed by the person who is informing the consumer. Use the "for office use" block to enter the case worker's name and the Healthchek of Pregnancy Services workers' names (or initials). Indicate if the caretaker did not request any services. Indicate whether the caretaker was informed in a face-to-face interview, by mail, or telephone.

If the form is mailed to the caretaker, it must be accompanied by a cover letter instructing the parent/caretaker to complete specific questions, and sign and date the form.

Distribution: The Original is kept by the Healthchek and/or Pregnancy Related Services coordinator and the Copy is mailed to the caretaker's HMO.

*The Spanish version of this form is the JFS 03531.