

---

---

COMPREHENSIVE HEALTH EVALUATION FOR CHILDREN

---

---

**CHEC ELIGIBILITY**

**CHILD'S NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Please select one of the following:

- ◆ To the best of my knowledge, this child has **not** had a **CME** or a **Well-Child/EPSTD visit** since his/her initial placement into foster/kinship care.

**Staff Assistant/DCP&P Caseworker** \_\_\_\_\_ **Date** \_\_\_\_\_

- ◆ I am aware that this child has had a **CME** or a **Well-Child/EPSTD visit** since his/her initial placement into foster/kinship care, but I am still requesting a CHEC visit for the following reasons: (**document below**)

**Local Office Manager** \_\_\_\_\_ **Date** \_\_\_\_\_