2019-2020 SCHOOL YEAR

IMPORTANT INFORMATION REGARDING THE ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS ENROLLMENT PROCESS

It is extremely important that each item on the registration checklist is turned in along with the application. If we do not receive each document on the checklist, your child's application will not be considered for enrollment. Once complete application packets are submitted, they will be reviewed and it will be determined if your child qualifies for the ABCSS Pre-K Program.

Tentatively, acceptance letters will be sent out in June 2019
Thank you!

PLEASE RETURN COMPLETED APPLICATION & DOCUMENTS TO:

Dawson Education Cooperative Attn: ABCSS Pre-K Program 711 Clinton Street Arkadelphia, AR 71923 PHONE: 870-246-1450

FAX: 870-246-1457

DAWSON CO-OP ABCSS PRE-K APPLICATION PACKET

ALL DOCUMENTS BELOW MUST BE COMPLETE BEFORE APPLICATION IS CONSIDERED

	ABC Chi	Application
	Copy of	hild's Birth Certificate
	Copy of	hild's Social Security Card
		Immunization Record
	Proof of	Income: Please provide one of the following for each caregiver
) days current paystubs
		come Tax Form (2018)
		2 (2018)
	If Unem	- CONT
_		ptarized statement signed stating that there is no earned income at this time
Ц		d Eligibility Information (Documents required)
	0 F	ster child
	0 C	ild with an incarcerated parent
	0 C	ild in the custody of/living with a family member other than mother or father
	0 C	ild with immediate family member arrested for or convicted of drug-related
		fenses
		ild with a parent activated for overseas military duty
П		
		Residency
Ш	Dental F	
	Well Chi	Screening Form (will receive form with acceptance letter)
	USDA F	od Program Eligibility Form(will receive form with acceptance letter)
	Screenin	
understa	ind that the	below, I agree that the above requirements are completed and that all information is accurate. I ubmission of false documentation to receive ABC services may result in exclusion from participation in luding Medicaid) and referral for criminal prosecution.
Child's	Name:	School District Residing In:
Parent	Signature	Date:
PART OF PERSONS	OFFICE US mpleted: eeded:	PLEASE RETURN COMPLETED APPLICATION & DOCUMENTS TO:
	C Child Applic	tion Dawson Education Cooperative
	th Certificat	Attn: ARCSS Pro- V Program
	ial Security munization Re	
	of of Income	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
	of of Resider	
	ital Form I Child Scree	PHONE: 870-246-1450
	l Chila Scree	

__Food Program Eligibility Form

Student Name:	
School District Residing In:	

FOR OFFICE USE ONLY	
School District:	
Assigned Class:	
Tuition Fee:	
Date Enrolled:	

ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS CHILD APPLICATION

PRIMARY CAREGIVER INFORMATION

	(Parent or guardian with r	nost contact with child)		
Primary Caregiver Name (Firs	t/Middle/Last):			
Date of Birth:	Cell/Home Phone:		Work Phone:	
Gender:	Ethnicity/Race:	Primary	Language:	
Current address:				
City:	State:		Zip Code:	
Mailing address (if different)):			
Current Housing: Homeless	Own	Rent	Other	
Current Housing Date:				
Employment Status (Full Time	/Part Time):	Employer Name:		
			nool, where:	
Annual income from Work sou				
	Secondary CAREGIVE			
(2 nd Parent or 9	guardian in household with chi	ld and is used for dete	rmining eligibility)	
Secondary Primary Name (Firs	t/Middle/Last):			
Date of Birth:	Cell/Home Phone:		_Work Phone:	
Gender:				
Current address:				
City:			Code:	
Current Housing: Homeless	Own	Rent	Other	
Current Housing Date:				
Employment Status (Full Time				
Education Level (High school, c				
Annual income from Work sour				

		HOUSEHOLD	INFORMATION
	Number in family (#of imm	mediate family members livir	ng in the house. (Parent, Guardian, Siblings):
	Number in household (The	total number of people livin	ng in the house):
	List the name and relation	ship to the child enrolled of	all family members in the household:
	Name:		Relationship:
	Y <u> </u>		
			8
			-
_			×
		CHILD IN	FORMATION
	Name (First/Middle/Last):	z	
			Security Number:
			Primary Language:
			gram before: YesNo
			Instruction for Parents of Preschool Youngsters)? YesNo
	Does the child have any spe	ecial dietary needs?	
	Is the child receiving any s	special education services?_	
	Medical Insurance (for chil		
	Specify: Aetna Global B	Benefits AHA Care	Ambetter ARKids 1 st ARKids A ARKids B
	Blue Advantag Medicaid	ge Blue Cross Blue Shiel _ Medicare Private Heal	ld CareFirst Cigna Health Network for Louisiana th Coverage QualChoice TriCare
	United Health	ncare	
		SIGN	NATURE
	T dealers		
that			s and regulations of the Arkansas Better Chance program
			e of application. I understand that the information I supplied hild Care and Early Childhood Education and that any false
	ments may result in exclusion		
Sign	ature of Primary Caregiver:_		N-4
J.giil	o or rimidity curegiver.		Date:



Child's Name:
School:

Date of child's last Dental exam?	
	Month/Date/Year
Name of Dentist?	
Name of Clinic?	
Does your child have dental insurance?_	
What is the name of the insurance	
company?	

APPENDIX F - 2018-2019 SLIDING FEE SCALE CHART

Sliding Fee Scale-Up to 250% FPL 2019-2020

Family Size		up to 212.5%	up to 225%	up to 237.5%	up to 250%	Not eligible
2	\$0 - \$2818.33	\$2818.34 - \$2994.48	\$2994.49 - \$3170.63	\$3170.64 - \$3346.77	\$3346.78 \$2522.02	CA2 27F 1C
3	120 - 23222.00	[\$3555.01 - \$3777.19	I\$3777.20 - \$3999.38	\$3999 39 - \$4221 56	\$4221 57 - \$4442 75	¢E2 22E 42
4	150 - 54291.67	\$4291.68 - \$4559.90	I\$4559.91 - \$4828.13	\$4828.14 - \$5096.35	\$5006 36 - \$5264 EQ	CCA 275 00
5	\$0 - \$5028.33	\$5028.34 - \$5342.60	\$5342.61 - \$5656.88	\$5656.89 - \$5971 15	\$5971 16 - \$6295 42	\$75 A25 A5
6 ·	\$0 - \$5765.00	\$5765.01 - \$6125.31	\$6125.32 - \$6485.63	\$6485.64 - \$6845.94	\$6845.95 - \$7206.25	\$75,425.16 yr
7	\$0 - \$6501.67	\$6501.68 - \$6908.02	\$6908.03 - \$7314.38	\$7314 39 - \$7720 73	\$7720.74 - \$8127.08	\$86,475.12 yr
8	\$0 - \$7238.33	\$7238.34 - \$7690.73	\$7690.74 - \$8143.13	\$8143 14 - \$8505 52	\$8595.53 - \$9047.92	\$97,525.08 yr
FEE %	No Fee	20%	40%	60%		
Monthly Center/FH Fee (per child)	\$0	\$99.32	\$198.64	\$297.96	80%	Full Rate
Monthly HIPPY/PAT Fee (per child)	\$0	\$37.12	\$74.24	\$111.36	\$397.28 \$148.48	\$496.60 \$185.60

ABC Required Screening Packet

Please fill out each page

Your child will be screened in the following areas: *Speech *Vision *Hearing *General Development

Dawson Education Service Cooperative
Early Childhood Special Education Department
711 Clinton Street, Suite 201 Arkadelphia, AR 71923 Office (870) 246-7928 Fax (870) 246-3130

Screening Consent Form

Child's Name: (Full Legal Name)				
	First	Middle	L	ast	(Nickname)
Child's Social Security Number (R	tEQUIRED): _			School Distric	et
Does your child receive Medicaid/A	RKids? Yes	No If yes,	Medicaid Numb	per	
Date of Birth		Age			Female
Race: (check all that apply): Afric	an American	(Black) Whi	te Asian	Hispanic	
American Indian/Native American	n Native	Hawaiian/Pacifi	c Islander		L
County of Parent Residence:					
Parent or Legal Guardian Name:			-		
Address:			Last	ate: 7;	
Home Phone	Work Phone	9	Cell Ph	one Zi	Р
Day Time Phone #	200000000000000000000000000000000000000	e-mail addre			
Child's Primary Care Physician:					Phone
Child attends (please circle one)	: Day Care /	Head Start / P	reschool / Mot	her's Day Out	/ Home Pared
Center Information;				nor a Day Out	7 Home Based
Name	A	Address	City	Zip	Phone
Name of Classroom Teacher		The second secon			
Has your child had any previous e	valuations: Y	es No	Has your chi	ld received ther	apy: Yes No
If yes to either of the above questi					
Are their any behavioral issues?	If so, please ex	xplain:			
Will an interpreter be needed?	Yes No [Language(sp	ecify lang.)	r Hearing impa	ired: Yes \(\sum_{No} \(\sum_{o} \)
I give permission to have my child so	reened by Daw	son Education Se	rvice Cooperativ	e Special Service	es Proprem. The correspins
may include one or more of the follow	ving areas: spec	ch, development	motor, vision a	nd/or hearing If	you have any questions
you may call 870-246-7928					you have any questions
Parent Signature for consent to screen	ı:			Duta	
For office use only: RCVD by	77	on	/ /	Date:	
e e descriptor atomic de la Propositio de Proposition de Propositi		1/11			

Parent/ Teacher Report and Scoring Form—Self-help and Social-Emotional Scales

		5		-	
	Date of	Tear	rear Month	Day	
A. Child's Name	Screening	-		-	School/Program
Parent(s)/Caregiver(s)	Birth Date				Teacher
Discretizance Donal and the second of the second	Age	1			Examiner
Priest units, nead each lieff and Orige the response of description that hest rafforts the children than	florts the child	Land Hide			

		SELF HELP SKILLS	P SKILLS			2	jo	C Toileting Skills
Ä	E3	Eating Skills				_	7	
	÷	Does use a					:	(even if he/she needs
		If yes, does place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food?	on in his/he with little o	place the spoon in his/her mouth without ipside down, with little or no spilling of food?				Rarehylvo = 0
		Rarely/Mo = 0 Son	Sometimes == 0	Most of the time = 1	-		<u>∞</u>	
	2.	Does use the side of the fork for cutting soft food, such as a piece of baked potato or a piece of cake?	e fork for co	utting soft food, of cake?				or potty (no more tha
		Rarely/No = 0 Sorr	Sometimes = 0	Most of the time = 1	-		9.	1000
110000000000000000000000000000000000000	w.	Does	her fingers,	hold a fork in his/her fingers, not in his/her fist?				than one accident a v
		Rarely/No = 0 Som	Sometimes = 0	Most of the time ≈ 1	-			Karely/No = 0
			Tota	Total for A. Eating Skills	m		5.	Does attempt
69	Dre	Dressing Skills			T			Rarely/No = 0
	4.	Does put on his/her shoes? Criteria: Buckling, tying, or Velcro® fastening is not required for credit.	es? cro® fasteni	ng is not required				OR (Answer only the n Does wipe hin toiletino?
			Vec (cometime: on	Yes (each shoe on cor-				Rarely/No = 0
-		0 = 0 wrong	wrong feet) = 1	rect foot 90% of the time) = 2	/2		1.	Does take care
	ĸ	Does dress himself/herself unsupervised?	of unsuperv	ised?			-	
		Rarely/No == 0 Some	Sometimes = 0	Most of the time, except for help with difficult fasteners = 1	-			Rarely/No = 0 Sameti
-		Yes (completely dresses himself/herself, putting all clothes on correctly and fastening all fasteners) = 2	Yes (complete including tying all fasteners) =	Yes (completely dresses himselftherself, including tying shoelaces and fastening all fasteners) = 3	E)		5	Does go to the asked or reminded?
	6.	Does put an his/her socks?	55		T			Rarely/No = 0
		Rarely/No = 0 Some	Sometimes = 0	Most of the time = 1	-7			
- 1			Total fo	Total for B. Dressing Skills /6	9	TOT	AL P	TOTAL FOR SELF-HELP
			A THE OWNER OF THE OWNER OF THE OWNER, NAME OF THE OWNER, OF THE OWNER, OF THE OWNER,		-	3	Fill	JAMES D. MESSING JAMES,

	hing)? s=0	<u>م</u>	Toileting Skills				14	
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Does have bowel movements ("poop") in the toilet or potty (no more than one accident a week)? Does	t a week)? == 0		Ranelyin	0 = 0		ometimes == 0	Most of the time == 1	
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	otal for C. Toileting Skills		Rarely/Nk	0=0	Sor	netimes = 0	Most of the time = 1	
			7			Total for	C. Toileting Skills	/8

Teacher Report and Scoring Form—Self-help and Social-Emotional Scales

Self-help and Social-Emotional Scales (continued)

13. Does Lespond with feelings of pride and enthusiasm when he/she earns positive feedback? 14. Does Look forward to sharing his/her feelings with you when he/she is happy? 15. Does Enterly sharing information with you about himself herself, such as things he/she likes, names of his/her family members or pets, or what he/she did over the weekend? 16. Does Share his/her thoughts and ideas with you? 17. Does Share his/her thoughts and ideas with you? 18. Does Have several friends but one who is a special or best friend? 19. Does Have a best friend with whom he/she is close and who reciprocates by coming over for play dates or extending an invitation to a party? 19. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1 19. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1 20. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1 20. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1 20. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1 20. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1 20. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1 20. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1 20. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1 20. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1 20. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1 20. Does HarelyNo = 0 Sometimes = 0 Nost of the time = 1		121.	21. Does maintain intere	interest when engage	ione flems e ni ben
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when he/she is happy? Rarelynko = 0	ith you		perhaps by dawdling	perhaps by dawdling less than at an earlier age?	- age?
15. Does		1	Rarely/No = 0	Sometimes = 0	Most of the time = 1
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16. Does share his/her thoughts and ideas with you? Rarely/No = 0	wily	1	Rarely/No = 0	Sometimes = 0	Most of the time = 1
16. Does share his/her thoughts and ideas with you? Rarely/No = 0	17	24.	24. Does remain 1	remain focused on what he/she has been asked	he has been aske
Total for D. Relationships with Average and ideas with your rotate for D. Relationships with Average and Relationships with Peers 17. Does have several friends but one who is a special best friend? 18. Does have a best friend with whom he/she is closs who reciprocates by coming over for play dates or extend an invitation to a party? 19. Does play cooperatively in a large-group game, surface-duck-goose, tag, or kickball? 19. Does play cooperatively in a large-group game, surface-duck-goose, tag, or kickball? 19. Does play cooperatively in a large-group game, surface-duck-goose, tag, or kickball? 19. Does play cooperatively in a large-group game, surface-duck-goose, tag, or kickball? 19. Does play cooperatively in a large-group game, surface-duck-goose, tag, or kickball? 19. Does play cooperatively in a large-group game, surface-duck-goose, tag, or kickball? 19. Does play cooperatively in a large-group game, surface-duck-goose, tag, or kickball? 19. Does play cooperatively in a large-group game, surface-duck-goose, tag, or kickball? 19. Does play cooperatively in a large-group game, surface-duck-goose, tag, or kickball? 19. Does play cooperatively in a large-group game, surface-duck-goose, tag, or kickball? 20. Does give verbal directions or incorporate verbal directions into play activities?	рше ж 1		o do even wnen ther objeting opieg patride	to do even when there are minor distractions, such as a car making policy outside or remond thanking a such as a car	ns, such as a car
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cipro cipro cation cely/No	ialor	2 21	25. If supervised by an adult, does undue objection?		take turns without
cipro cipro cipro uck-g uck-g	1/1		Rarely/No = 0	Sometimes = 0	Most of the time = 1
uck-g uck-g unkyNo	se and ding	26. [26. Does understa turns, perhaps willing!	Does understand or accept the need to share and take turns, perhaps willingly taking turns even if he/she isn't asked to?	to share and tak ne/she isn't asked
uck-c			Rarely/No = 0	Sometimes = 0	Most of the time == 1
uck-g	1/	27.	Does ask an adi	ask an adult for permission before using things that	e using things that
rety/No = 0 sometimes = 0 give verbal directions or incorpor ons into play activities?	such as	T 51	elong to others or befi estricted, such as going	belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the classroom?	vity that may be aving the dassroor
give verbal directions or incorpor. ans into play activities? serveres = 0 seneral serveres = 0	ime = 1 /1		Rarefytho = 0	Sometimes = 0	Most of the time = 1
Sometimes = 0		28. Does	loes react to coeptable manner by	Doesreact to a disappointment or failure in an acceptable manner by being a good sport and refraining from	ailure in an and refraining fron
	ime = 1 / 1	»I	shouting or getting upset?	set?	
Total for E. Play and Relationshins with Doors	Doore /A	_	Sarely/No = 0	Sometimes = 0	Most of the time = 1

does take turns without sometimes = 0 Most of the time = 1 sometimes = 0 Most of the time = 1 or accept the need to share and take king turns even if he/she isn't asked to? Sometimes = 0 Most of the time = 1 or permission before using things that engaging in an activity that may be the bathroom or leaving the dassroom? Sometimes = 0 Most of the time = 1 Sappointment or failure in an ing a good sport and refraining from ? Sometimes = 0 Most of the time = 1 Sometimes = 0 Most of the time = 1 Sometimes = 0 Most of the time = 1 Sometimes = 0 Most of the time = 1	-	Rarely/No == 0	Sometimes = 0	Most of the time = 1	1
cills and Behaviors rvised by an adult, does take turns without objection? rely/No = 0		Total	for F. Motivation ar	id Self-Confidence	1
rvised by an adult, does take turns without objection? rely/No = 0		social Skills and Behar	riors		
rely/No = 0 Sometimes = 0 Most of the time = 1 understand or accept the need to share and take enhance willingly taking turns even if he/she isn't asked to? rely/No = 0 Most of the time = 1 ask an adult for permission before using things that to others or before engaging in an activity that may be ed, such as going to the bathroom or leaving the dassroom? rely/No = 0 Sometimes = 0 Most of the time = 1 react to a disappointment or failure in an able manner by being a good sport and refraining from ego or getting upset? Total for G. Prosocial Skills and Behaviors	The second second	If supervised by an a undue objection?		e turns without	
understand or accept the need to share and take serhaps willingly taking turns even if he/she isn't asked to? sometimes = 0	K-11	Rarely/No = 0	Sometimes = 0	Most of the time = 1	1
rely/No = 0 Sometimes = 0 Most of the time = 1 ask an adult for permission before using things that to others or before engaging in an activity that may be id, such as going to the bathroom or leaving the dassroom? rely/No = 0 Sometimes = 0 Most of the time = 1 Total for G. Prosocial Skills and Behaviors			and or accept the nee by taking turns even it	d to share and take i he/she isn't asked to?	
Does ask an adult for permission before using things that belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the dassroom? Remaintain a		Rarely/No = 0	Sometimes = 0	Most of the time = 1	1
28. Does react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset? Rarel/Allo = 0 Most of the time = 1 1 1 1 1 1 1 1 1 1	27.		Jult for permission before engaging in an act to the bathroom or sometimes = 0	ore using things that tivity that may be Reaving the dassroom? Most of the time ** 1	
	1000	Does react to acceptable manner b shouting or getting u	a disappointment or y being a good sport ypset?	failure in an and refraining from	
Total for G. Prosocial Skills and Behaviors /4	-	Sarely/No = 0	Sometimes = 0	Most of the time ≈ 1	1
		Tota	I for G. Prosocial SI	ills and Behaviors	4

ADE-SPED REQUIRED FORM AUG 2017

Parental Consent to Access Public Insurance and to Release Personally Identifiable Information

Nan	ne:	ID.	:	Date of Birth:
Age	9: Grade:	Local Education Agend	cy:	
Med	J			
scho indiv mus Und	ool district provides to children vidualized education program (st disclose information from you der the Family Educational Righ	who are eligible for Medicaid, IEP). In order to seek the fed ir child's education records to the and Privacy Act (FERPA).	and who recei eral Medicaid f Medicaid and parental conse	ent is required in order to release student
pers	sonally identifiable information elease student information for t	to agencies not identified in th	e Act. This co.	nsent grants the school district the ability
By s	signing below, you are indicatin	g the following:		
٠	I understand and agree that I insurance.	am giving the school district p	permission to a	ccess my or my child's public benefits or
٠	I understand that my child's e may be released to the Depa school district's Medicaid billing	rtment of Human Services. Div	vision of Medic	services my child receives through an IEP al Services, Arkansas Medicaid, and the
•	I understand that this may incontain necessary documentate	lude sharing information with lion to receive reimbursement	DHS, contractor for services pr	ed billing agents, and/or a physician to covided through an IEP.
•	I understand that information Medicaid ID, disability, IEP ar progress notes.	to be released may include: s nd evaluations, type of service	tudent's name, (s), times and	date of birth, social security number, dates services were delivered, and
٠	I understand that this consent my child, unless revoked by n	will remain in effect at all time ne.	es the district is	s responsible for providing IEP services to
•	I understand that I may revoke	e consent at any time by notify	ying the school	district in writing.
•	I understand that revoking my services to my child at no cos	consent does not change the to me.	school district	's responsibility to provide all required IEP
•	Before giving my consent belounder Part B of the Individuals form.	ow, I was provided with a writt s with Disabilities Education A	en notice furth ct (IDEA) rega	er explaining my rights and protections rding consent and the purpose of this
Pare	ent or Guardian Signature			Date
s vo	our child covered by private inc	urance? ☐ No. ☐ Vac. (If	ves places of	emplete Third Party Liability Section

Parental Consent to Release Personally Identifiable Information Third Party Liability Section*

*This section should only be completed if the student is covered by private insurance.

Name:		ID:	Date of Birth:
Age:	Grade:	Local Education Agency:	
Medicald N	lumber:		
Title 42 Coo sources mu Education A insurance p education" r	de of Federal Regulat st be utilized before r Act (IDEA) prohibits a roceeds to pay for se requirements of these	Third Party Insurance: ions (CFR), Part 433, Subpart D, Third Party I eimbursement can be made by Medicaid. Par public agency from requiring parents, where t rvices that must be provided to a child with dis e statutes. IDEA does not create exceptions to nool districts, should attempt to exhaust third p	t B of the Individuals with Disabilities they would incur a financial cost, to use sabilities under the "free appropriate public."
Please chec	k one of the following	j :	
I do NO in the so	T give permission to t	he school district to bill my private insurance f	for healthcare services delivered
☐ I give my	y permission to the so	chool to bill my private insurance for healthcan	e services delivered in the school.
	rance Information:		
Address:			
Phone:			
Name of Poli	cy Holder:		
Policy Holder	Date of Birth:	Social Security N	Jumber:
Policy Number	эг:	Group Number:	
			6
Parent or Gua	ardian Signature	Date	

Childs Name:
ARKANSAS MEDICAID PRIMARY CARE PHYSICIAN MANAGED CARE PROGRAM
PRIMARY CARE PHYSICIAN SELECTION AND CHANGE FORM
SELECTIONS:
I have picked the three (3) physicians named below in order of my preference to be my primary care physician. I understand only one (1) of them will be my primary care physician.
1. PHYSICIAN NAME
2. PHYSICIAN NAME
3. PHYSICIAN NAME
CHANGES:
I want to change my primary care physician because:
BENEFICIARY SIGNATURE (Parent/Guardian Signature)
MEDICAID I.D. NUMBER

DMS-2609 (Rev. 4/07)

DATE