

FOR INTERNAL USE BY HEALTH HOME CARE MANAGEMENT AGENCY/CARE MANAGER ONLY

DOH 5201 - Health Home Enrollment and Information Sharing Consent For Use with Children Under 18 Years of Age
Health Home Care Management Tracking Form For Section 2

DOH 5201, Section 2 – Parts A and B **MUST** be completed unless: the child does not meet the specified age requirement (age 10 or 12); permission is denied by the child’s Parent/Guardian/Legally Authorized Representative to meeting alone with the child; the child is unwilling or unable to complete this section; the child does not identify any protected services; the child does not identify any mental health or developmental disabilities services. The HHCM must continue to make attempts to complete Section 2. If any of the reasons apply prohibiting completion of Section 2, the HHCM **MUST** ensure the appropriate reason is selected below, sign and date. Additionally, all attempts made must be documented in the child’s record.

Child’s Name: _____ CIN: _____

DOH 5201, Section 2 cannot be completed due to the following reason(s):

- | | |
|---|---|
| <input type="checkbox"/> Child states they are not currently receiving minor protected services | <input type="checkbox"/> Child does not meet age requirement (10 or 12) |
| <input type="checkbox"/> Permission denied to meeting alone with the child by the Parent/Guardian/Legally Authorized Representative | <input type="checkbox"/> Child not able/willing to complete |

HEALTH HOME CARE MANAGER DATE



DOH 5201, Section 2 cannot be completed due to the following reason(s):

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HEALTH HOME CARE MANAGER DATE

