

CYSHCN SCREENER

The CYSHCN Screener is the first tool utilized when determining an individual's eligibility for the CYSHCN Program. Individuals who answer yes to all three parts of at least one screener question may be eligible to receive service coordination services (at minimum) from the Bureau of Special Health Care Needs (SHCN).

For more information or to make a referral, contact SHCN at **(800) 451-0669** or return the completed CYSHCN Screener to:

Bureau of Special Health Care Needs
P.O. Box 570
Jefferson City, MO 65102
FAX: 573-751-6237

Name: _____ DOB: _____ Address: _____

Responsible Party: _____ Responsible Party Phone: _____

Printed name of person completing Screener: _____ Date: _____

1. Does the individual currently need or use **medicine prescribed by a doctor** (other than vitamins)?

Yes → Go to Question 1a No → Go to Question 2

1a. Is this because of a physical disability or medical condition?

Yes → Go to Question 1b No → Go to Question 2

1b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes No

2. Does the individual need or use **more medical care** than is usual for most individuals of the same age?

Yes → Go to Question 2a No → Go to Question 3

2a. Is this because of a physical disability or medical condition?

Yes → Go to Question 2b No → Go to Question 3

2b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes No

3. Is the individual **limited or prevented** in any way in their ability to do the things most individuals of the same age can do?

Yes → Go to Question 3a No → Go to Question 4

3a. Is this because of a physical disability or medical condition?

Yes → Go to Question 3b No → Go to Question 4

3b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes No

4. Does the individual need or get **special therapy**, such as physical, occupational or speech therapy?

Yes → Go to Question 4a No

4a. Is this because of a physical disability or medical condition?

Yes → Go to Question 4b No

4b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes No

To avoid duplication of service, individuals receiving service coordination from another agency are not eligible to receive Service Coordination only.