



HEALTH CARE INFORMATION FOR PARENTS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SPECIAL HEALTH SERVICES UNIT

SFN 534 (8-2023)

Name

Date of Birth

Check the information you would like:

- | | | |
|---|--|---|
| <input type="checkbox"/> Encouraging My Baby's Development | <input type="checkbox"/> Information on My Child's Condition | <input type="checkbox"/> Financial Help |
| <input type="checkbox"/> Parent Support Services | <input type="checkbox"/> Special Clinics/Programs for My Child | <input type="checkbox"/> Nutrition Services |
| <input type="checkbox"/> Well-Baby Care/Immunizations | <input type="checkbox"/> Doctors and Others Who Treat My Child's Condition | <input type="checkbox"/> Low Birth Weight/Born Early |
| <input type="checkbox"/> Genetic Information on Inheritance | <input type="checkbox"/> Healthcare Coverage/Insurance | <input type="checkbox"/> Assistive Technology/Equipment |

Baby's Condition/Diagnosis

Other Needs (what other information might be helpful to you)

Questions? Please call Special Health Services at 701-328-2436 or toll-free at 800-755-2714.



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