

BSACAP Authorization for Medical/Dental Services

Child Name: _____

Center: _____

FSW Name: _____

Requesting Mileage Assistance
 Requesting Other Assistance

Check One	Status	Information
<input type="checkbox"/>	Medicaid / K-Chip	HS can pay nitrous fee
<input type="checkbox"/>	Private Insurance with dental insurance coverage	HS can pay co-pays
<input type="checkbox"/>	Private Insurance- with no dental coverage	HS can pay all dental fees
<input type="checkbox"/>	No Insurance	HS can pay all dental fees

This form must be completed and sent to the Grantee Health Services Manager for approval before child has been to a medical or dental appointment if financial assistance is being requested. If it is indicated on COPA that the child is income eligible for Head Start services and does not have a medical card, K-Chip, or other insurance coverage, a statement from Community Based Services must be attached in order to process the request. When Head Start funds are used for medical/dental/ travel, all other sources of funding must have been exhausted.

Please list any additional comments you may have regarding the family situation in the section below. If known please give doctor's name, location, date, time and purpose of appointment.

Comments: _____

Family Service Worker Date

Director or Health Manager Date

Grantee Health Manager Date

Grantee Director Date

Approved Disapproved

Date Returned to FSW _____

