California Children's Services (CCS)
High Risk Infant Follow-Up (HRIF) Program
REGISTRATION – CLIENT IDENTIFICATION FACE SHEET

Instructions: This client registration information must be collected one time per client. The program is available to infants who meet CCS HRIF medical eligibility criteria and who met CCS medical eligibility criteria for NICU care or had a CCS eligible medical condition at some time during their stay in a CCS approved NICU, even if they have never been a CCS client. ***Fax the completed form to the toll free number (866) 418-2933. If you have any questions, call Kimie Kagawa, M.D. at (916) 327-2665 or Rachel Luxemberg, M.A. at (916) 327-1443*.**

SECTION A: HRIF PROGRAM REGISTRATION INFORMATION

1. CCS Number: ☐☐☐☐☐☐☐ **If no CCS Number is assigned check (√) this box:** ☐
*See Note below**

2. Year of Birth (YYYY): ☐☐☐☐ **3. Zip Code of Birth Hospital:** ☐☐☐☐☐

4. Zip Code of Discharge Hospital: ☐☐☐☐☐ **5. Zip Code of HRIF Program:** ☐☐☐☐☐

5. Enter Your NICU's CPQCC Center Number: ☐☐☐☐ **7. Gender:** ☐ Male ☐ Female ☐ Not Reported

8. Insurance Status: *Check (√) all that apply*

☐ Medi-Cal ☐ Healthy Families ☐ CCS-Only ☐ Commercial PPO ☐ Commercial HMO

SECTION B: MEDICAL ELIGIBILITY CRITERIA MET FOR CCS HRIF PROGRAM

9. Birth Weight: ☐☐☐☐ grams **10. Gestational age at birth in weeks and days:** ☐☐ Weeks ☐☐ Days

Check (√) all responses that apply for Question (11).

11. Medical criteria for infants greater than 1,500 grams and greater than or equal to 32 weeks gestational age:

(√)	Medical Criteria	(√)	Medical Criteria	(√)	Medical Criteria
☐	Cardiorespiratory depression at birth	☐	Chronic lung disease	☐	Documented seizure activity
☐	Prolonged hypoxia, acidemia, hypoglycemia, or hypotension	☐	Infant placed on ECMO	☐	Intracranial pathology
☐	Persistent apnea which required medication	☐	Infant received INO *(>4.0 Hrs)*	☐	Potential neurological abnormality

SECTION C: LIVING SITUATION

Check (√) only one

12. Caregiver(s):

(√)	Caregiver(s)	(√)	Caregiver(s)
☐	Both Birth Mother and Biological Father	☐	Single Birth Mother/Father
☐	Birth Parent with Step or Long-Term Partner	☐	Grandparent
☐	Aunt/Uncle	☐	Sibling
☐	Non-Biological Foster Parent	☐	Other Combination _____

13. Zip Code of Primary Caregiver: ☐☐☐☐☐

Check (√) only one

14. Education Level Primary Caregiver:

(√)	Education Level	(√)	Education Level	(√)	Education Level
☐	Some high school or less	☐	High school degree	☐	GED Certificate
☐	Some college/university	☐	College/university degree	☐	Not applicable or unknown

Please provide the following information for the person completing this form.
Name: _____ **Phone:** _____ **Date Completed:** _____

***Note:** The HRIF Program has assigned the following HRIF Identification Number for your Non CCS Client. This is the child's identification number.* ☐☐☐☐☐☐☐☐