



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF SOCIAL SERVICES

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM

A complete health check-up now may save your child from medical problems later on, by finding and treating problems you have not noticed. **CHDP check-ups are free to children under 21 who have a Medi-Cal card.**

CHDP offers a full range of health assessment services including:

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|--|--------------------------------------|
| Health and developmental history | Complete physical examination |
| Oral health assessment | Nutritional assessment |
| Behavioral assessment | Immunizations as appropriate for age |
| Vision screening | Hearing screening |
| Screening tests for anemia, blood lead, tuberculosis, urine abnormalities, sexually transmitted infections | |

In addition to the initial check-up, persons on Medi-Cal under age 21 can have a periodic health assessment each year.

Treatment services covered by Medi-Cal will be provided for problems found during the exam, or referred out to a specialist.

Specific information on the CHDP providers nearest you can be obtained from the County Health Department, 2191 Johnson Ave., San Luis Obispo, phone (805) 781-5527.

If you need assistance about arranging transportation to obtain a CHDP examination, or if you need help in scheduling an appointment for an examination, you may request assistance from the CHDP program at (805) 781-5527.

If you choose not to accept an assistance referral to CHDP at this time you may request a CHDP referral at any time in the future by contacting your Employment/Resource Specialist at the Department of Social Services, or by calling the CHDP program at (805) 781-5527 or (800) 660-3313.

DENTAL SERVICES

Medi-Cal recipients 0-21 are eligible for dental services, including preventive dental care, through dentists participating in the Medi-Cal dental program known as Denti-Cal.

HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE

Local CHDP programs also administer a public health nursing program for children in Foster Care (FC), known as the Health Care Program for Children in Foster Care (HCPFC). **Children in FC are eligible for health assessments at any time.** The Public Health nurse works with Child Welfare Services and Probation to address the medical, dental, mental and developmental needs of children in FC.

PLEASE READ, CHOOSE ONE OF THE OPTIONS BELOW, SIGN AND RETURN

If determined eligible for Medi-Cal:

1. ☐ I want more CHDP information but no referral (Code 1)
2. ☐ I plan to select a provider of my choice (Code 2)
3. ☐ I want a referral for a health checkup for:

☐ Medical & Dental (Code 3)	☐ Medical & Dental and help with transportation/scheduling (Code 4)
☐ Medical only (Code 5)	☐ Medical only and help with transportation/scheduling (Code 6)
☐ Dental only (Code 7)	☐ Dental only and help with transportation/scheduling (Code 8)
4. ☐ I do not want to use CHDP services at this time (Code 9)

Participant's signature: _____ Date: _____

I certify that I have informed the applicant/recipient about the CHDP Program as stated above.

ERS' Signature: _____ ERS No: _____ Date: _____

Case Name: _____ Case Number: _____