

# Newsletter for Families

## A NEW LOOK

*We've been making some changes. See page 2 for information on the new client application and the physician and dentist assessment forms.*



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# Client Application Gets a New Look

The CSHCN Services Program has redesigned both the **Client Application** and the **Physician/Dentist Assessment Form (PAF)**. (*The PAF is the form your doctor or dentist fills out for you to turn in with your application when it is time to renew your eligibility.*)

**TEXAS**  
Department of State Health Services  
Children with Special Health Care Needs (CSHCN) Services Program Application

**Applicant Information**  
Tell us about the person who needs our help. Use the name as it appears on the proof of birth document.

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Female  Male CSHCN Client ID #: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Date of Texas residency: \_\_\_\_\_ If born in Texas, use date of birth. Otherwise, use the first day of the month moved to Texas.

U.S. citizen  Non-citizen  Eligible Immigrant

**Proof of birth date.** First-time applicants, send us one of the following:  
Birth certificate, passport, Bureau of Vital Statistics record, adoption records, Medicaid ID, CHIP card, hospital or public health birth record, Native American census record, immigration documents, paternity records from the Attorney General, Social Security Administration records, court or child-support orders, or school or day care records (call your Regional Office for form).

**Contact Information**

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Proof of Residency.** Proof must show the parent or guardian name and the home address you listed above. Proof must also be unexpired and dated within the time frame listed below. Examples of common proofs include:

- utility bill from the last 60 days
- valid Texas Driver's License or ID card
- valid Texas Voter Registration
- rent receipt or mortgage payment in the last 60 days
- current lease
- any current Medicaid ID
- school records for current school year. (Call your local office for a form)

If you have questions about a proof of residency, call 1-800-252-8023.

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**“The way you apply  
apply has not changed;  
we have just made  
or forms sleeker.”**

Our application no longer comes in a bilingual booklet; now it looks like a regular form. The application is available in English and in Spanish on our Forms and Publications webpage at

[www.dshs.state.tx.us/cshcn/clappforms.shtm](http://www.dshs.state.tx.us/cshcn/clappforms.shtm).

Keep in mind that the information we ask of you remains the same. *You must still reapply every 12 months to maintain your eligibility (to stay in the Program), and send in the proof documents that you normally submit along with your application packet.* The way you apply and reapply has not changed; we have just made our forms sleeker!

If there have been any changes to your information, let us know right away. Do not wait until you are due to reapply to the program to make your updates! Please notify us within 30 days of changes such as:

- Address or phone number. *See page 12 for a form you can mail to us.*
- Income
- Other health care coverage. *Even if you report changes, you will not be taken off the CSHCN Services Program or lose any benefits.*

Contact your local office to report any changes (see page 7 to find an office near you.) You may also call **1-800-252-8023** or email us at [cshcn@dshs.state.tx.us](mailto:cshcn@dshs.state.tx.us).

## ▲ New Client Application

**TEXAS**  
Department of State Health Services  
Children with Special Health Care Needs (CSHCN) Services Program  
Physician/Dentist Assessment Form  
Formulario de Evaluación del Médico o Dentista

This form is part of the application to the CSHCN Services Program to be completed by applicant's physician or dentist.

*Este formulario forma parte de la Solicitud de Prestaciones del Programa de Servicios CSHCN a cumplimentar por el médico o dentista del solicitante.*

**Instructions:**

Return the signed form to the applicant or mail to:

CSHCN Services Program  
MC 1938  
P.O. Box 46347  
Austin, TX 78714-9347

If you have any questions, call 1-800-252-8023.

Codes must be at the highest level of specificity.

If filing out prior to 10/1/15, use ICD-9 codes only.

If filing out on or after 10/1/15, use ICD-10 codes only.

**Applicant Information**

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ CSHCN client number (if known): \_\_\_\_\_

**Medical Information**

The applicant meets one of the following definitions:

- A person younger than 21 years of age who has a chronic physical or developmental condition that:
  - Will last or is expected to last for at least 12 months AND
  - Results in, or if not treated, may result in limits to one or more major life activities AND
  - Requires health and related services of a type or amount beyond those required by children generally AND
  - Has a physical (body, bodily tissue, or organ) manifestation AND
  - May exist with accompanying developmental, mental, behavioral, or emotional conditions BUT is not solely a delay in intellectual development or solely a mental, behavioral, or emotional condition.
- A person of any age who has cystic fibrosis.

I certify that the applicant is medically eligible based on the following diagnoses:  Yes  No

Primary ICD code: \_\_\_\_\_ Combination Code: \_\_\_\_\_

Primary ICD Code Description: \_\_\_\_\_ Combination Code Description: \_\_\_\_\_

Additional ICD code: \_\_\_\_\_ Combination Code: \_\_\_\_\_

Additional ICD Code Description: \_\_\_\_\_ Combination Code Description: \_\_\_\_\_

Additional ICD code: \_\_\_\_\_ Combination Code: \_\_\_\_\_

Additional ICD Code Description: \_\_\_\_\_ Combination Code Description: \_\_\_\_\_

Page 1 of 2 CSHCN Services Program Physician/Dentist Assessment Form Form T-4 Rev. 08-2015

◀ New Physician/Dentist Assessment Form



DID YOU KNOW?

## October is National Bullying Prevention Month

And did you know that children with disabilities are two to three times more likely to be bullied than their peers without special needs?

Bullying takes many forms. It can be **physical** (fighting, pushing,) or **verbal** (name-calling, threats, gossiping). It can also be in person or over **text messages** and **social media** (cyberbullying).

As a parent, you are one of the most important advocates your child can have! So it is important to learn as much as you can about bullying, how to act upon it if it is happening with your child, and how to raise awareness.

The non-profit organization PACER Center has a website that features bullying facts, handouts, toolkits, and workshops for families of children with disabilities. There is also links to resources for parents, teens, and kids. Be sure to visit and navigate [www.pacer.org/bullying/nbpm](http://www.pacer.org/bullying/nbpm). ■







## NEW RESOURCES



### NavigateLifeTexas.org

#### *Resources for Kids with Disabilities and Special Health Care Needs*

The Texas Interagency Task Force for Children with Special Needs has recently announced the launch of **NavigateLifeTexas.org**. It is a new website created by parents for parents of children with disabilities and special health care needs. The site offers important information for families and anyone working with children with special health care needs. You can learn more about the medical home and other areas

of health care, as well as access frequently asked questions (FAQs) about family supports, financial help, and transition from childhood to adulthood. It is a great resource and includes helpful articles, videos, and links to other sites and services. The website is available in English and Spanish and can be translated to many other languages with a built-in translation application. Check it out! ■

### The CSHCN Services Program Website: Now Bigger and Better

#### *Our website has new pages and online resources to help your family!*

##### **Transition Toolkit.**

The CSHCN Services Program website now has a list of statewide and local resources for help with school, employment, legal issues, and more for transition-age youth.

Find this list at **[www.dshs.state.tx.us/cshcn/Transition-Resources.aspx](http://www.dshs.state.tx.us/cshcn/Transition-Resources.aspx)**.

##### **Emergency Preparedness Webpage.**

Tornados, floods, and other natural disasters can't be avoided, but you can be ready when they happen. The CSHCN Services Program has a new Emergency Preparedness page with lists, resources, and planning tips to help your family prepare for emergency situations.

See these at **[www.dshs.state.tx.us/cshcn/EmergencyPrep.aspx](http://www.dshs.state.tx.us/cshcn/EmergencyPrep.aspx)**.

##### **Medical Home and Transition Announcements Webpages.**

Each of these pages will feature news resources including information about upcoming workshops and trainings that could be helpful to families with children with special health care needs.

Visit the Medical Home Announcements page at **[www.dshs.state.tx.us/cshcn/medicalhome/announcements/](http://www.dshs.state.tx.us/cshcn/medicalhome/announcements/)** and the Transition Announcements page at **[www.dshs.state.tx.us/cshcn/TransitionNews/](http://www.dshs.state.tx.us/cshcn/TransitionNews/)**. ■



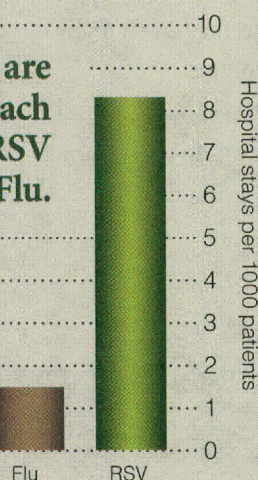
**Have a smartphone? Scan this code to go directly to our website!**



# Flu and RSV Season

In the winter months, we need to protect ourselves from the **influenza virus (flu)** and other respiratory illnesses, such as **Respiratory Syncytial Virus (RSV)**. These viruses spread easily and can cause serious health problems. Early immunization is the best way to prevent it! Get your flu shot as soon as they are available in your area, and talk to your provider to see if your child should be immunized against RSV.

**More children are hospitalized each year for RSV than for Flu.**



Please remember that your or your child's doctor will first need to ask for authorization from our program before you can get these services.

There are certain things you can do to prevent the spreading of these viruses, like:

- Washing your hands often
- Staying away from people who have fevers and cold-like symptoms
- Using household cleaners on surfaces and toys to kill germs and bacteria
- Staying away from big crowds
- Not sharing cups, forks, and spoons
- Not smoking (children exposed to cigarette smoke are at a higher risk)

To learn more about RSV, find our January/April 2015 issue. Go to [www.tmhp.com/Pages/ClientEnglish/Client\\_CSHCN\\_Newsletter\\_english.aspx](http://www.tmhp.com/Pages/ClientEnglish/Client_CSHCN_Newsletter_english.aspx) and click on the April 2015 link. ■

## GOT BILLED? ACT RIGHT AWAY!

If you get a medical bill, don't ignore it! Call your provider's office right away. Make sure they know you or your child are on the CSHCN Services Program and that they have your client ID number. If the provider is *not* enrolled in the Program, you will be responsible for the bill. If the provider *is* enrolled, follow these steps:



**Make a copy** of the bill. The bill should include the client's:

- Name and ID number or social security number
- Date of Service
- Date and any amount of any payments you made on the account
- The provider's name and address



**Write a letter** addressed to Client Correspondence including the date you told the provider you/your child are/is a client of the CSHCN Services Program. If possible, include the name of person you spoke with at the provider's office.

If you do not have a copy of the bill with this information, ask the provider for a copy of the bill, which contains the requested information.



**Send the copy** of the bill and your letter to:

Client Correspondence  
PO Box 202018  
Austin, TX 78720-2018

Keep a copy of the information you send in for your records.

You will receive a letter from our claims administrator, the Texas Medicaid & Healthcare Partnership (TMHP), within thirty days of receipt of your letter. ■



# ZUCCHINI SQUASH PIE RECIPE

Zucchini is a type of squash and a healthy way to get protein and vitamins A, C, and K. These vitamins help protect your body and keep your blood and bones healthy. This recipe is a way for people with Cystic Fibrosis (CF) to add zucchini to their diets while adding some fats and cheeses for those extra calories and yummy taste. If you are not a fan of zucchini, you can change it out in the recipe with any kind of summer squash, bok choy, or potatoes!

## CF CORNER



### Ingredients:

- |  |                       |
|--|-----------------------|
| 3 cups diced zucchini squash           | ½ cup Parmesan cheese |
| 1 chopped onion                        | ½ tsp. marjoram       |
| 1 cup of baking mix (such as Bisquick) | 1 tsp. parsley flakes |
| 4 large eggs                           | ¼ tsp. salt           |
| ½ cup vegetable oil                    | 1 /8 tsp. pepper      |

### Instructions:

1. Preheat oven to 350 degrees.
2. Mix together all ingredients except the cheese.
3. Pour into a buttered 12" pie plate.
4. Sprinkle a little cheese on top and bake for 30 minutes or until lightly golden.



## REMEMBER

Whether you are a client receiving full services or on our waiting list, you must reapply to the CSHCN Services Program every **12 months**. Send your renewal application to the health services office nearest you. If you need help filling out your application, the staff at your local office can help you. To find an office, see page 7, call **1-800-252-8023**, or go to [www.dshs.state.tx.us/cshcn](http://www.dshs.state.tx.us/cshcn).

**Note:** If you are a client on our waiting list, there are program services available at no cost to you. You can get case management services through our program and our community-based contractors. Case management helps families who are having trouble getting medical services, school services, medical equipment and supplies and other help they need. ■



## CSHCN Services Program Regional and Local Offices\*

The CSHCN Services Program has offices all over the state of Texas. To get help for your child with special needs or to get a case manager, call the office nearest you.

### REGION 1 / REGIÓN 1

#### **1C - Canyon Regional Sub-Office (Canyon) Health Services Region 1**

300 Victory Dr. (physical address)

PO Box 60968 (mailing address)

WTAMU Station

Canyon, TX 79016

**Telephone:** 1-806-477-1103 or 1-806-655-7151

**Fax:** 1-806-655-6448

#### **1L - Lubbock Regional Office Health Services Region 1**

6302 Iola Ave.

Lubbock, TX 79424-2721

**Telephone:** 1-806-744-3577 or 1-806-783-6452

**Fax:** 1-806-783-6455

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### REGION 2 / REGIÓN 2

#### **2A - Abilene Office Health Services Region 2**

4601 South First Street, Suite L

Abilene, TX 79605-1466

**Telephone:** 1-325-795-5869 or 1-325-795-5896

**Fax:** 1-325-795-5894

#### **2WF-Wichita Falls Office**

6515 Kemp Blvd. (physical address)

PO Box 300 (mailing address)

Wichita Falls, TX 76307-0300

**Telephone:** 1-940-689-5930

**Fax:** 1-940-689-5925

## Oficinas locales del Programa de Servicios CSHCN\*

El Programa de Servicios para CSHCN tiene oficinas en todo el estado de Texas. Para obtener ayuda para su hijo con necesidades especiales o para que le asignen un administrador de casos, llame a la oficina más cercana.

### REGION 3 / REGIÓN 3

#### **3 - Regional Office (Arlington) Health Services Region 3**

1301 South Bowen Road, Suite 200

Arlington, TX 76013-2262

**Telephone:** 1-817-264-4624 or 1-817-264-4627

**Fax:** 1-817-264-4911

#### **Bonham Office**

PO Box 605 (mailing address)

1205-A East Sam Rayburn (physical address)

Bonham, TX 75418

**Telephone:** 1-903-486-9258

**Fax:** 1-903-486-9286

#### **Granbury Office**

214 North Travis Street

Granbury, TX 79048

**Telephone:** 1-817-579-2117

**Fax:** 1-817-578-3310

#### **Denton Office**

3612 East McKinney

Denton, TX 76209

**Telephone:** 1-940-320-8275 or

1-888-456-2770, Ext. 287

**Fax:** 1-940-591-6254

#### **Mockingbird Office**

1545 West Mockingbird Lane, Suite 3001

Dallas, TX 75235

**Telephone:** 1-214-819-6749

**Fax:** 1-214-819-6796

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\* See the Texas Health Regions Map on page 19  
*Véase mapa regional en la página 19.*



### **Rockwall Office**

1101 Ridge Road, Suite 106  
Rockwall, TX 75087

**Telephone:** 1-972-772-6180

**Fax:** 1-972-771-3080

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## **REGION 4 / REGIÓN 4**

### **4/5N - Regional Office (Tyler) Health Service Region 4/5N**

2521 West Front Street  
Tyler, TX 75702-7822

**Telephone:** 1-903-533-5264

**Toll free:** 1-877-340-8842

**Fax:** 1-903-535-7593

### **Athens Office**

708 East Corsicana  
Athens, TX 75751

**Telephone:** 1-903-675-9107

**Fax:** 1-903-675-3622

### **Carthage Office**

1412 South Adams  
Carthage, TX 75633

**Telephone:** 1-903-693-9322

**Toll Free:** 1-800-306-0568

**Fax:** 1-903-694-2316

### **Gilmer Office**

324 Yapaco  
Gilmer, TX 75644

**Telephone:** 1-903-843-3030

**Fax:** 1-903-843-4264

### **Henderson Office**

700 Zeid Blvd.  
Henderson, TX 75652

**Telephone:** 1-903-655-6256

**Toll Free:** 1-800-306-0568

**Fax:** 1-903-655-0104

### **Linden Office**

123 Kaufman (physical address)  
PO Box 300 (mailing address)  
Linden, TX 75563

**Telephone:** 1-903-756-7231

**Fax:** 1-903-756-5146

### **Longview Office**

1750 North Eastman Road  
Longview, TX 75601-3347

**Telephone:** 1-903-232-3221 or 1-903-232-3289

**Toll Free:** 1-866-327-1364

**Fax:** 1-903-232-3278

### **Marshall Office**

4105 Victory Drive  
Marshall, TX 75670

**Telephone:** 1-903-927-0218

**Toll Free:** 1-866-327-1364

**Fax:** 1-903-927-0290

### **Mount Pleasant Office**

1014 North Jefferson  
Mount Pleasant, TX 75455

**Telephone:** 1-903-577-1929 or 1-903-575-1138

**Toll Free:** 1-866-268-6465

**Fax:** 1-903-577-8957

### **Palestine Office**

320 E. Spring Street, Suite D  
Palestine, TX 75801

**Telephone:** 1-903-661-6089

**Fax:** 1-903-729-7034

### **Paris Office**

1460 19th Street NW  
Paris, TX 75460

**Telephone:** 1-903-737-0236

**Fax:** 1-903-737-0220



### **Sulphur Springs Office**

1400 College, Suite 167  
Sulphur Springs, TX 75482  
**Telephone:** 1-903-439-9331  
**Toll Free:** 1-866-518-0601  
**Fax:** 1-903-439-9335

### **Texarkana Office**

3115 South Lake Drive, Suite 120  
Texarkana, TX 75501  
**Telephone:** 1-903-791-3229  
**Fax:** 1-903-791-3230

## **REGION 5 NORTH / REGIÓN 5 NORTE**

### **Center Office**

912 Nacogdoches  
Center, TX 75935  
**Telephone:** 1-936-598-1231  
**Fax:** 1-936-591-0162

### **Crockett Office**

1034 South Fourth Street  
Crockett, TX 75835  
**Telephone:** 1-936-544-4734  
or 1-936-545-0360  
**Fax:** 1-936-544-0280

### **Jasper Office**

#### **Jasper-Newton County Public Health District**

130 West Lamar  
Jasper, TX 75951  
**Telephone:** 1-409-384-6829, Ext. 231  
**Fax:** 1-409-384-7861

### **Kirbyville Office**

314 North Herndon  
Kirbyville, TX 75956  
**Telephone:** 1-409-423-4612, Ext. 238  
**Fax:** 1-409-423-4027

### **Livingston Office**

410 East Church Street, Suite B  
Livingston, TX 77351  
**Telephone:** 1-936-328-8240, Ext. 232  
**Toll Free:** 1-888-851-4748  
**Fax:** 1-936-328-8249

### **Lufkin Office**

1210 South Chestnut  
Lufkin, TX 75901  
**Telephone:** 1-936-633-3657,  
936-633-3769, or 1-936-633-3730  
**Toll Free:** 1-877-340-8840  
**Fax:** 1-936-633-3667

### **Nacogdoches Office**

2614 N.W. Stallings Drive  
Nacogdoches, TX 75964-1255  
**Telephone:** 1-936-569-4982  
or 1-936-569-4918  
**Fax:** 1-936-569-4989

### **Woodville Office**

930 N. Magnolia  
Woodville, TX 75979  
**Toll Free:** 1-888-851-4748  
**Fax:** 1-409-283-7679

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## **REGIONS 6 / 5 SOUTH REGIONES 6 / 5 SUR**

### **6/5S - Regional Office (Houston)**

5425 Polk Avenue, Suite J  
Houston, TX 77023-1497  
**Telephone:** 1-713-767-3111  
**Fax:** 1-713-767-3125

### **Beaumont Office**

3105 Executive Blvd.  
Beaumont, TX 77701  
**Telephone:** 1-409-730-1837  
**Fax:** 1-409-730-1845



### **Conroe Office**

608 North Drive Loop 336 East  
Conroe, TX 77301

**Telephone:** 1-936-760-4704,  
1-936-760-4750, or 1-936-760-4705  
**Fax:** 1-936-760-4707

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## **REGION 7 / REGIÓN 7**

### **7T - Temple Office Health Service Region 7**

2408 South 37th Street  
Temple, TX 76504-7168

**Telephone:** 254-771-6791 or 1-800-789-2865  
**Fax:** 1-254-773-2722

### **7A - Austin Office Health Services Region 7**

1601 Rutherford Lane, Suite C-3  
Austin, TX 78754-5119

**Telephone:** 1-512-873-6308,  
1-512-873-6311 or 1-512-873-6315  
**Toll Free:** 1-800-789-2865  
**Fax:** 1-512-873-6345

### **Bastrop Office**

104 Loop 150 West, Suite 102  
Bastrop, TX 78602

**Telephone:** 1-512-321-2465  
**Fax:** 1-512-321-4861

### **Bryan Office**

3000 Villa Maria  
Bryan, TX 77803

**Telephone:** 1-979-776-7489  
**Fax:** 1-979-731-0191

### **Copperas Cove Office**

312 South Main  
Copperas Cove, TX 76522

**Telephone:** 1-800-789-2865  
**State Cell Phone:** 1-254-598-9352  
**Fax:** 1-254-547-9463

### **Lockhart Office**

1403F Blackjack Street (physical location)  
PO Box 43 (mailing address)  
Lockhart, TX 78744

**Telephone:** 1-512-376-1078  
**Fax:** 1-512-398-0022

### **Navasota Office**

425 N. Lasalle (physical address)  
PO Box 1287 (mailing address)  
Navasota, TX 77868

**Telephone:** 1-936-825-7586  
**Fax:** 1-936-825-0380

### **San Saba Office**

423 E. Wallace  
San Saba, TX 76877

**Telephone:** 1-325-372-5188 or 1-325-372-5191  
**Fax:** 1-325-372-3297

### **Waco Office**

801 Austin Avenue, Suite 820F  
Waco, TX 76701

**Telephone:** 1-254-750-9339, 1-254-750-9337,  
1-254-750-9248, or 1-254-750-9353  
**Fax:** 1-254-753-0879

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## **REGION 8 / REGIÓN 8**

### **8 - San Antonio Office Health Service Region 8**

7430 Louis Pasteur Drive  
San Antonio, TX 78229-4507

**Telephone:** 1-210-949-2142 or 1-210-949-2044  
**Fax:** 1-210-949-2047

### **Uvalde Office**

2201 East Main  
Uvalde, TX 78801

**Telephone:** 1-830-591-4388 or 1-830-591-4384  
**Fax:** 1-830-278-1831



### **Eagle Pass Office**

1593 Veterans Boulevard

Eagle Pass, TX 78852

**Telephone:** 1-830-758-4254 or 1-830-758-4252

**Fax:** 1-830-773-4688

### **Victoria Office**

2306 Leary Lane

Victoria, TX 77901

**Telephone:** 1-361-574-7421

**Fax:** 1-361-574-7396

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## **REGIONS 9 AND 10 / REGIONES 9 Y 10**

### **9/10 - El Paso Office Health Services Region 9/10**

401 East Franklin, Suite 210

El Paso, TX 79901-1206

**Telephone:** 1-915-834-7675

**Fax:** 1-915-834-7808

### **Midland Office**

2301 N Big Spring Street, Suite 300

Midland, TX 79705

**Telephone:** 1-432-683-9492

**Fax:** 1-432-684-3932

### **San Angelo Office**

622 South Oakes, Suite H

San Angelo, TX 76903

**Telephone:** 1-325-659-7853

**Fax:** 1-915-655-6798

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## **REGION 11 / REGIÓN 11**

### **11H - Harlingen Office Health Service Region 11**

601 West Sesame Drive

Harlingen, TX 78550-4040

**Telephone:** 1-956-423-0130

**Fax:** 1-956-444-3293

### **Alice Office**

408 N. Flournoy, Suite C

Alice, TX 78332

**Telephone:** 1-361-664-2019

**Fax:** 1-361-668-4000

### **11C - Corpus Christi Office**

5155 Flynn Pkwy.

Corpus Christi, TX 78401

**Telephone:** 1-361-878-3420

**Fax:** 1-361-883-9942

### **11L - Laredo Office**

1500 Arkansas Avenue, Suite 3

Laredo, TX 78043-3049

**Telephone:** 1-956-725-5195

**Fax:** 1-956-729-8600

### **11M - McAllen Office**

4501 West Business Hwy 83

McAllen, TX 78501-9907

**Telephone:** 1-956-971-1207

**Fax:** 1-956-971-1275

### **Mercedes Office**

202 West 2nd Street

Mercedes, TX 78520

**Telephone:** 1-956-825-5300

**Fax:** 1-956-825-5320

### **Brownsville Office**

1000 W. Price Road

Brownsville, TX 78520

**Telephone:** 1-956-554-5500

**Fax:** 1-956-554-5581

### **Rio Grande City Office**

608 N. Garza

Rio Grande City, TX 78582

**Telephone:** 1-956-487-5556

**Fax:** 1-956-487-8865



## Address Change Form—*Formulario de cambio de domicilio*

If you have moved, please complete this form and attach a copy of the required documentation to update our records. Please print.

*Si se mudó, rellene y mande este formulario con una copia del documento requerido para que actualicemos nuestros registros. Escriba en letra de molde.*

<b>CSHCN Client's Name/Nombre del cliente de CSHCN</b>	<b>CSHCN Case No./ N.o de caso de CSHCN:</b>	
<b>Parent's/Guardian's Name/ Nombre del padre, la madre o el tutor:</b>	<b>Telephone No./Teléfono:</b>	
<b>Street Address/Domicilio:</b>	<b>Apartment No./N.o de apartamento:</b>	
<b>City/Ciudad:</b>	<b>State/Estado:</b>	<b>ZIP Code/Código postal:</b>
<b>Parent's/Guardian's Signature/Firma del Padre, la madre o el tutor:</b>		

Required documentation attached (a copy of one of the following forms of proof of residence is required). Please check the documentation you will send with this form:

*Documento requerido adjunto (requerimos una copia de uno de los siguientes comprobantes de residencia). Marque abajo el documento que mandará con este formulario:*

- Current utility bill (electricity, water, telephone)
- Current lease agreement (with landlord's name, address, and telephone number)
- Current mortgage bill or payment
- Current rent receipt (with landlord's name, address, and telephone number)
- Current Texas Driver's License
- Current Texas Motor Vehicle Registration
- Current Texas Voter Registration
- Current school records showing attendance in a Texas school
- Current Texas medical care identification (Medicaid ID)

- Factura actual de servicios públicos (electricidad, agua, teléfono)*
- Acuerdo actual de renta (con el nombre, domicilio y teléfono de quien le renta)*
- Factura o pago actual de hipoteca*
- Recibo actual de renta (con el nombre, domicilio y teléfono de quien le renta)*
- Licencia actual de conducir de Texas*
- Registro actual de automóvil de Texas*
- Registro actual de votante de Texas*
- Registros escolares actuales que muestren la asistencia a una escuela de Texas*
- Identificación actual de atención médica (identificación de Medicaid) de Texas*

Mail to/Mándelos por correo postal a:

**CSHCN Services Program  
MC 1938  
Department of State Health Services  
PO Box 149347  
Austin TX 78714-9347  
1-800-252-8023**



# Boletín para Familias

## UN NUEVO DISEÑO

*Hemos hecho algunos cambios. Véase la página 14 para obtener información sobre la nueva solicitud de prestaciones y de los nuevos formularios de evaluación del médico o dentista.*



Pub. No. 07-12275

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# Atención cliente: Nueva presentación de la solicitud

Ahora tanto la **Solicitud de Prestaciones del Programa de Servicios CSHCN** como el **Formulario de Evaluación del Médico o Dentista** (PAF por sus siglas en inglés) tienen un nuevo diseño. *El PAF es el formulario que su médico o dentista rellena se presenta junto con su solicitud a la hora de renovarla.*

**TEXAS**  
Department of State Health Services

Texas Department of State Health Services  
Children with Special Health Care Needs  
(CSHCN) Services Program Application

**Applicant Information**

Tell us about the person who needs our help.  
Use the name as it appears on the proof of birth document.

First name: Middle name: Last name:

Female  Male CSHCN Client ID #:

Date of birth: Social Security number:

Date of Texas residency: If born in Texas, use date of birth. Otherwise, use the first day of the month moved to Texas.

U.S. citizen  Non-citizen  Eligible Immigrant

**Proof of birth date.** First-time applicants, send us one of the following:  
Birth certificate, passport, Bureau of Vital Statistics record, adoption records, Medicaid ID, CHIP card, hospital or public health birth record, Native American census record, immigration documents, paternity records from the Attorney General, Social Security Administration records, court or child-support orders, or school or day care records (call your Regional Office for form).

**Contact Information**

Home address:

City: State: ZIP code:

Mailing address (if different):

City: State: ZIP code:

Home phone: Work phone: Cell phone:

Email address:

**Proof of Residency.** Proof must show the parent or guardian name and the home address you listed above. Proof must also be unexpired and dated within the time frame listed below. Examples of common proofs include:  
- utility bill from the last 60 days  
- valid Texas Driver License or ID card  
- valid Texas Voter Registration  
- rent receipt or mortgage payment in the last 60 days  
- current lease  
- any current Medicaid ID  
- school records for current school year (Call your local office for a form)

If you have questions about a proof of residency, call 1-800-252-8023.

Page 1 of 16 Form T-3 Rev. 03-2015

**“El modo de solicitar y volver a solicitar admisión al programa no ha cambiado; ¡lo único distinto es que ahora nuestros formularios son más elegantes!”**

El diseño de la antigua solicitud era a modo de cuadernillo bilingüe; la nueva solicitud tiene el aspecto de un formulario normal y estará disponible en inglés y en español en nuestra página de Formularios y Publicaciones

en [www.dshs.state.tx.us/cshcn/clappforms-span.shtm](http://www.dshs.state.tx.us/cshcn/clappforms-span.shtm).

Tenga en cuenta que la información que requerimos sigue siendo la misma y el proceso será el mismo: aún debe enviar su solicitud cada 12 meses para mantener su elegibilidad (es decir, para no perder su plaza en el programa) junto con los comprobantes que normalmente adjunta al presentar su solicitud. El modo de solicitar y volver a solicitar admisión al programa no ha cambiado; ¡lo único distinto es que ahora nuestros formularios son más elegantes!

Si ha habido algún cambio en sus datos, avísenos en seguida. No espere hasta que llegue la hora de volver a solicitar admisión al programa para actualizar sus datos. Por favor notifiquenos dentro de 30 días si hay cambios de:

- Domicilio o número de teléfono. Véase formulario en la página 12.
- Ingresos
- Cobertura de seguro médico o plan de salud independiente a nuestro programa. *Aún si reporta cambios, no se le dará de baja del Programa de Servicios CSHCN ni se le suspenderán las prestaciones.*

Para reportar cualquier cambio, comuníquese con su oficina local para (véase la página 7 para buscar la oficina más cercana), llame al **1-800-252-8023** o escribanos a [cshcn@dshs.state.tx.us](mailto:cshcn@dshs.state.tx.us). ■

## ▲ Solicitud de Prestaciones del Programa de Servicios CSHCN

**TEXAS**  
Department of State Health Services

Texas Department of State Health Services  
Children with Special Health Care Needs  
(CSHCN) Services Program  
Physician/Dentist Assessment Form  
Formulario de Evaluación del Médico o Dentista

This form is part of the application to the CSHCN Services Program to be completed by applicant's physician or dentist.

Este formulario forma parte de la Solicitud de Prestaciones del Programa de Servicios CSHCN a cumplimentar por el médico o dentista del solicitante.

**Instructions:**

Return the signed form to the applicant or mail to:  
CSHCN Services Program  
MC 1938  
PO Box 149347  
Austin, TX 78714-9347

If you have any questions, call 1-800-252-8023.

Codes must be at the highest level of specificity.

If filling out prior to 10/1/15, use ICD-9 codes only.  
If filling out on or after 10/1/15, use ICD-10 codes only.

Page 1 of 2 CSHCN Services Program Physician/Dentist Assessment Form Form T-4 Rev. 08-2015

**Applicant Information**

First name: Middle name: Last name:

Date of birth: CSHCN client number (if known):

**Medical Information**

The applicant meets one of the following definitions:

A person younger than 21 years of age who has a chronic physical or developmental condition that:

- Will last or is expected to last for at least 12 months AND
- Results in, or if not treated, may result in limits to one or more major life activities AND
- Requires health and related services of a type or amount beyond those required by children generally AND
- Has a physical (body, bodily tissue, or organ) manifestation AND
- May exist with accompanying developmental, mental, behavioral, or emotional conditions BUT is not solely a delay in intellectual development or solely a mental, behavioral, or emotional condition.

A person of any age who has cystic fibrosis.

I certify that the applicant is medically eligible based on the following diagnoses:  Yes  No

Primary ICD code: Combination Code:

Primary ICD Code Description: Combination Code Description:

Additional ICD code: Combination Code:

Additional ICD Code Description: Combination Code Description:

Additional ICD code: Combination Code:

Additional ICD Code Description: Combination Code Description:

< Formulario de Evaluación del Médico o Dentista



¿SABÍA USTED?

## Octubre es el Mes Nacional de la Prevención del Acoso Escolar

¿Y sabía usted que los niños con discapacidad son de dos a tres veces más propensos a sufrir acoso que sus compañeros sin necesidades especiales?

El **bullying** o acoso escolar sucede de muchas formas — dentro y fuera de la escuela — y puede manifestarse de manera **física** (peleas, empujones) o **verbal** (insultos, amenazas o chismes). No siempre sucede en persona, de hecho los actos de intimidación también pueden efectuarse vía **mensajes de texto** o en **redes sociales** (ciberacoso).

Usted como padre es uno de los defensores más importantes que tiene su hijo y, por lo tanto, es importante aprender lo más que se pueda acerca del acoso escolar, como las medidas necesarias en caso de que sucediera con su hijo y las maneras de crear conciencia.

La organización sin fines de lucro PACER Center cuenta con un sitio web con información, talleres y kits sobre el acoso para las familias de niños con discapacidad. También hay enlaces a recursos exclusivamente para los padres, los adolescentes y los niños. El sitio [www.pacer.org/bullying/nbpm](http://www.pacer.org/bullying/nbpm) está principalmente disponible en inglés, pero hay cierto contenido en español; visite [www.pacer.org/publications/bullying.asp](http://www.pacer.org/publications/bullying.asp) y desplace el cursor hacia abajo hasta encontrar los enlaces de las publicaciones en español. ■







## RECURSOS NUEVOS



### Avancemos Juntos Texas

#### ***Nuevo sitio web para las familias de los niños con discapacidad y necesidades especiales de salud***

Un grupo de agencias en Texas en pro de los niños con necesidades especiales acaba de lanzar el sitio **NavigateLifeTexas.org/es**, un nuevo recurso que destaca la aportación de padres de niños con discapacidad y necesidades especiales para ayudar a otros padres situaciones similares. Se ofrece información importante para las familias de los niños y cualquier persona que les asista.

También hay contenido sobre el hogar médico, entre otras áreas del cuidado de la salud, y preguntas frecuentes sobre el apoyo a familias, ayuda financiera y la transición de la niñez a la edad adulta. Es un útil recurso de artículos, videos y enlaces a otros sitios y servicios. El sitio web está disponible en inglés y en español, y cuenta con traductor automático en muchos idiomas más. ¡Échele un vistazo! ■

### Nuestro sitio web: ahora más extenso y mejor

Contamos con nuevas páginas y recursos electrónicos que esperamos sean de beneficio para su familia. Marcamos con un asterisco (\*) las páginas cuyo contenido está disponible únicamente en inglés; si tiene preguntas acerca del contenido, no dude en comunicarse con nuestro personal de atención al cliente vía **1-800-252-8023**.

#### **Kit de transición.**

Se trata de una lista en inglés de recursos a nivel estatal y local para ayudar a jóvenes en edad de transición con aspectos relacionados a la escuela, el empleo, las cuestiones legales, entre otros. Enlace a la lista de recursos\*:

**[www.dshs.state.tx.us/cshcn/Transition-Resources.aspx](http://www.dshs.state.tx.us/cshcn/Transition-Resources.aspx)**

#### **Preparación para emergencias.**

Los tornados, las inundaciones y demás desastres naturales no se pueden evitar, pero la prevención es fundamental para cuando ocurran. Esta nueva página cuenta con listas, recursos y consejos estratégicos para que su familia se prevenga en caso de emergencia.

Enlace **[www.dshs.state.tx.us/cshcn/Preparación-para-Emergencias.shtm](http://www.dshs.state.tx.us/cshcn/Preparación-para-Emergencias.shtm)**.

#### **Anuncios sobre el hogar médico y la transición.**

Acceda a nuestros avisos y nueva información sobre talleres y capacitación para familias de niños con necesidades especiales de salud.

Enlace de la página de anuncios del hogar médico\*:

**[www.dshs.state.tx.us/cshcn/medicalhome/announcements/](http://www.dshs.state.tx.us/cshcn/medicalhome/announcements/)**

Enlace de la página de anuncios de transición\*: **[www.dshs.state.tx.us/cshcn/TransitionNews/](http://www.dshs.state.tx.us/cshcn/TransitionNews/)**. ■



¿Tiene un *smartphone*?  
¡Escanee este código para ir directamente a nuestro sitio web!



# Temporada de la gripe y el virus respiratorio sincitial

En los meses de invierno, tenemos que protegernos del **virus de la influenza** (gripe) y de otras enfermedades respiratorias, tales como el virus respiratorio sincitial (VRS). Estos virus se transmiten fácilmente y pueden causar serios problemas para la salud. Vacunarse a tiempo es la mejor manera de prevención. Vacúnese contra la gripe tan pronto como las vacunas estén disponibles en su localidad, y consulte a su proveedor de salud para ver si es conveniente vacunar a su hijo contra el VRS.

Recuerde que su proveedor ha de solicitar previa autorización a nuestro programa antes de prestarle estos servicios de vacunación.

Además de las vacunas, hacer lo siguiente también son buenas medidas para prevenir el contagio:

- ▶ Lavarse las manos con frecuencia
- ▶ Mantener distancia con personas con fiebre o que presenten síntomas de resfriado
- ▶ Desinfectar superficies y juguetes para eliminar gérmenes y bacterias
- ▶ No ir a lugares concurridos — donde vaya mucha gente
- ▶ No compartir vasos, tenedores ni cucharas
- ▶ No fumar (los niños corren mayor riesgo si respiran el humo del cigarrillo)

Para familiarizarse más acerca del VRS, consulte nuestro boletín de enero-abril 2015 disponible en [www.tmhp.com/Pages/ClientSpanish/Client\\_CSHCN\\_Newsletter\\_spanish.aspx](http://www.tmhp.com/Pages/ClientSpanish/Client_CSHCN_Newsletter_spanish.aspx) y haga clic en el enlace de abril 2015. ■



## ¿Le han cobrado? ¡No se cruce de brazos!

En caso de que le llegue un cobro por servicios prestados, llame enseguida al consultorio de su proveedor para aclarar que usted o su hijo es cliente del Programa de Servicios CSHCN y proveer su número de identificación de cliente. Recuerde que si su proveedor **no** está inscrito en nuestro programa, usted tendrá la responsabilidad de salcar la cuenta; si efectivamente su proveedor forma parte del programa, haga lo siguiente:



**Haga fotocopia** de la factura. La factura debe incluir:

- El nombre y el número de identificación de cliente o el número de seguro social
- La fecha en que se prestó el servicio
- La fecha y la cantidad de los pagos que usted haya dado para liquidar la cuenta
- El nombre y la dirección del proveedor



**Escriba una carta** y especifique la fecha en que se le participó

al proveedor que usted o su hijo es cliente del Programa de Servicios CSHCN. Si es posible, incluya el nombre de la persona que lo atendió en consultorio del proveedor. Si no tiene copia de la factura con la información anteriormente listada, solicite al proveedor una copia que presente la información requerida.



**Envíe la carta** y la fotocopia de la factura a:

**Client Correspondence  
PO Box 202018  
Austin, TX 78720-2018**

Conserve una copia de la información que haya enviado para su archivo.

Habiendo hecho lo anterior, recibirá una carta de nuestro administrador de reclamos, Medicaid & Healthcare Partnership Texas (o TMHP por sus siglas en inglés), dentro de los treinta días de haber recibido su carta. ■



## RECETA DE QUICHE DE CALABACÍN

El calabacín es un tipo de calabaza que ofrece una manera saludable de ingerir proteínas y las vitaminas A, C y K. Estas vitaminas ayudan a proteger a su cuerpo y a mantener saludables a la sangre y los huesos. Con esta receta, las personas con fibrosis quística pueden enriquecer su dieta con un sabor delicioso y a la vez aumentar la ingesta de grasas y quesos ricos en calorías. Si no le gusta el calabacín, la receta se puede alterar con cualquier tipo de calabaza o incluso con papas (patatas)!

RINCÓN FQ



### Ingredientes:

- |   |                           |
|---|---------------------------|
| 3 tazas de calabacín picada en cubitos        | ½ taza de queso parmesano |
| 1 cebolla picada                              | ½ cdta. de orégano        |
| 1 taza de mezcla para hornear (como Bisquick) | 1 cdta. de perejil seco   |
| 4 huevos grandes                              | ¼ cdta. de sal            |
| ½ taza de aceite vegetal                      | 1/8 cdta. de pimienta     |

### Indicaciones:

1. Calentar el horno a 175° (350 °F).
2. Mezclar todos los ingredientes excepto el queso.
3. Vaciar en un molde de pastel de 30 cm o (12 pulgadas) revestido de mantequilla.
4. Ponga un poco de queso encima y hornee por 30 minutos o hasta que esté ligeramente dorado.



## Recuerde que...

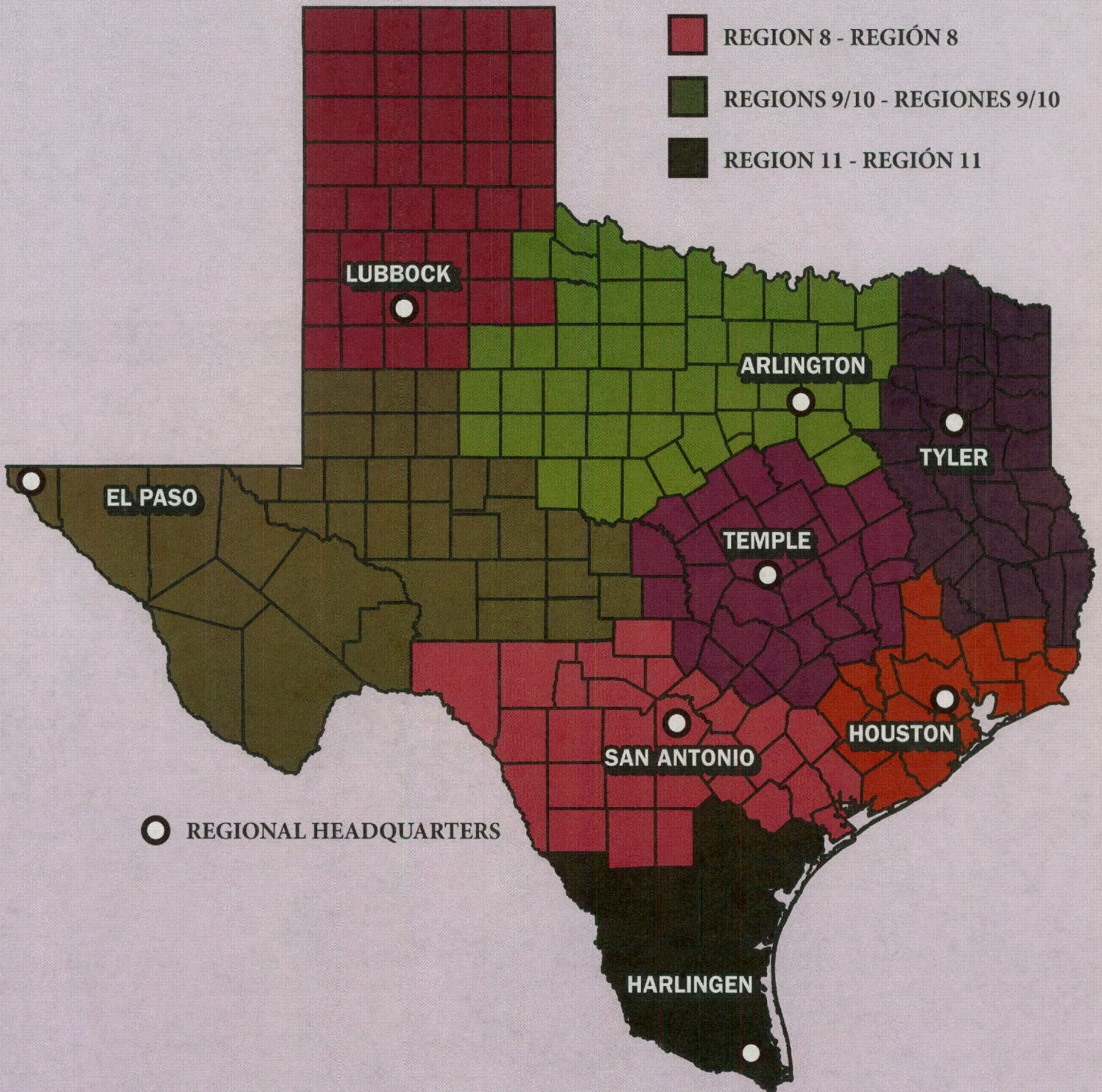
Es responsabilidad de cada cliente renovar su plaza en el Programa (mantener su elegibilidad) cada 12 meses sin importar si recibe servicios completos o si está en la lista de espera para recibirlos. Envíe su solicitud a una de las oficinas locales del programa y si necesita ayuda para rellenar su solicitud, ahí mismo el personal le puede ayudar. Para buscar la oficina más cercana, consulte la página 7, llame al **1-800-252-8023**, o visite el sitio [www.dshs.state.tx.us/cshcn](http://www.dshs.state.tx.us/cshcn).

**Recuerde que si está en nuestra lista de espera,** puede hacer uso de ciertos servicios sin costo alguno, como la administración de casos. La administración de casos facilita a las familias a acceder a servicios de salud, servicios escolares, equipos y artículos médicos, entre otros apoyos. Nuestro programa cuenta con trabajadores sociales para coordinar sus cuidados de salud, pero además ofrece el servicio mediante organizaciones basadas en la comunidad. ■



# DSHS Health Services Regions and Regional Headquarters

- REGION 1 - REGIÓN 1
- REGIONS 2/3 - REGIONES 2/3
- REGIONS 4/5N - REGIONES 4/5N
- REGIONS 6/5S - REGIONES 6/5S
- REGION 7 - REGIÓN 7
- REGION 8 - REGIÓN 8
- REGIONS 9/10 - REGIONES 9/10
- REGION 11 - REGIÓN 11



REGIONAL HEADQUARTERS





**CSHCN Services Program**  
Purchased Health Services Unit, MC 1938  
Texas Department of State Health Services  
PO Box 149347  
Austin, TX 78714-9347

Phone: 1-512-776-7355 or 1-800-252-8023 (toll-free)  
Fax: 1-800-441-5133

PRSRT STD  
U.S. POSTAGE  
PAID  
TMHP

# Newsletter for Families | Boletín para Familias

October 2015  
Octubre 2015

