



DOÑA ANA COUNTY HEAD START

DECLINATION STATEMENT FOR HEALTH SERVICES

NAME OF CHILD: _____

NAME OF CENTER & CLASSROOM am/pm: _____

My child, _____ is enrolled and has participated in the Doña Ana County Head Start program, year 2016-2017. I understand that as a participant of a Federally Funded program, children are to be Up-To-Date on a Medicaid EPSDT Schedule of age appropriate, preventive Well Child Care. At the time of enrollment my Family Outreach Worker explained this to me and gave me a physical and dental form to be filled out by my doctor and dentist for recent child checkups or for me to make an appointment if necessary. I signed, "Permission to Release Physical/Dental Form" with names of my child's doctor and dentist. I have received paper "Parent Reminders" from the center staff, asking me to provide the missing results for:

_____.

(Please check one)

- I was not able to take my child for a _____ because

- Other: _____
- Have not made an appointment with the doctor/dentist for a current physical/dental exam.

_____ Signature of Parent (Guardian)	_____ Date
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