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| **DPP-104B DCBS – Individual Health Plan** |

General Information:

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| Date: | | | |
| Name (Child): | DOB: | County of Origin: | Region: |
| TWIST Case Name: | | TWIST Case Number: | |
| DCBS SSW: | | DCBS FSOS: | |
| Regional NCI: | | Nurse/Staff Completing IHP: | |
| Foster Parent: | | Region: | County: |
| Date of Placement: | | Type of Placement: DCBS, PCC, Relative, PCP | |
| Bio Mother Name: | Participated in IHP? | Bio Father Name: | Participated in IHP? |
| DCBS Custody Type: | | DCBS Permanency Plan: | |
| ***Current*** Medical Diagnoses (Primary Diagnosis Listed First): | | ***Current*** Medications (Name, Dosage, Route, Freq): | |