ATCHISON COMMUNITY HEALTH CLINIC
The Everybody Clinic

Behavioral Health Care Program by ACHC @ USD #377

Your child's school has agreed to work with the Atchison Community Health Clinic to provide space for behavioral health services. ACHC will be offering behavioral health services in your child's school. ACHC will communicate with parents regarding treatment progress, goals, and objectives. The Atchison Community Health Clinic provides this service.

School Location:	**Atchison County Elementary School**
	Atchison County Community Junior and Senior High School

Childs Name:			
SOCIAL SECURITY NUMBER:			
DOB:		**SEX AT BIRTH**	
SEXUAL ORIENTATION/GENDER IDENTITY	_____ ☐ **CHOOSE NOT TO ANSWER**		

Street Address:	**City:**	**State:**	**Zip Code:**
Parent/Guardian Name:	**City:**	**State:**	
Student Insurance Name and Member ID #		**Phone Number:**	
Language:			
Race:	**American Indian** ☐ **Asian** ☐ **Native Hawaiian or Other Pacific Islander** ☐ **Black or African American** ☐ **White** ☐ **Other Race** _____		
Ethnicity:	**Hispanic or Latino** ☐ **Not Hispanic or Latino** ☐		

Emergency Contact		
Name:	**Phone:**	**Relationship:**
Address:	**City:**	**Zip Code:**

Atchison Community Health Clinic
1412 North 2nd Street, Atchison, Kansas 66002
913-367-4879, www.achc-ks.org

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BEHAVIORAL HEALTH HISTORY
Previous/Current Mental Health Services (Inpatient or Outpatient) and services dates:
Medication your child is currently taking for mental health purposes: (Name, Dose, Prescribing Provider)

****Please note, the federal government requires us to ask you for the following information. It is used for government reporting purposes only. No identifying information will ever be disclosed, including name, and we will not use this information for any other purpose.****
PLEASE CIRCLE YOUR FAMILY SIZE AND THE RANGE OF YOUR ANNUAL INCOME.

2018 ANNUAL FEDERAL POVERTY GUIDELINES

FAMILY SIZE				
1	$0.00 - $12,490	$12,491 - $18,735	$18,736 - $24,980	$24,981 +
2	$0.00 - $16,910	$16,911 - $25,365	$25,366 - $33,820	$33,821 +
3	$0.00 - $21,330	$21,331 - $31,995	$31,996 - $42,660	$42,661 +
4	$0.00 - $25,750	$25,751 - $38,625	$38,626 - $51,500	$51,501 +
5	$0.00 - $30,170	$30,171 - $45,255	$45,256 - $60,340	$60,341 +
6	$0.00 - $34,590	$34,591 - $51,885	$51,886 - $69,180	$69,181 +
7	$0.00 - $39,010	$39,011 - $58,515	$58,516 - $78,020	$78,021 +
8	$0.00 - $43,430	$43,431 - $65,145	$65,146 - $86,860	$86,861 +

ACHC will treat all patient information as protected health information (PHI) under HIPAA regulations, exchanging the PHI only with necessary ACHC personnel, and those allowed by written consent from the parent/guardian.

CONSENT:
I give the Atchison Community Health Clinic (ACHC) permission to provide behavioral health services to my child. I acknowledge that the Privacy Practices were and are available for my review. This consent is valid for one year from the Parent/Guardian Signature date below. I authorize Atchison Community Health Clinic to submit all services to my insurance company and to collect payment on my behalf. I understand that I am responsible for any copay or deductible amounts.
Parent/Guardian Name:
Parent/Guardian Signature:
Date:

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