

# Moving With Special Health Needs Checklist

AS SOON AS YOU KNOW WHEN AND WHERE YOU WILL MOVE:		TWO WEEKS BEFORE MOVING
<input type="checkbox"/>	Contact your child's health insurance plan	<input type="checkbox"/> Get new written prescriptions from your child's health care providers
<input type="checkbox"/>	Ask all current providers to make referrals to new providers	<input type="checkbox"/> Contact the new school again
<input type="checkbox"/>	Contact the local school system	<input type="checkbox"/> Send school reports
<input type="checkbox"/>	Contact the State Department of Public Health or Family to Family Health Information Center to learn about programs for children with special health needs	<input type="checkbox"/> Send medical records to new health care providers
<input type="checkbox"/>	Contact the State Department of Education to learn about Special Education	<input type="checkbox"/> Notify electric company of moving date
<input type="checkbox"/>	Contact the Chamber of Commerce for information about your new community	<input type="checkbox"/> Call medical equipment supplier
<input type="checkbox"/>	Visit the area and video tape it if possible.	TWO DAYS BEFORE MOVING
<input type="checkbox"/>	Contact your current medical equipment supplier	<input type="checkbox"/> Refill prescriptions
<input type="checkbox"/>	Learn about religious organizations and other special interest organizations in the area	<input type="checkbox"/> Make sure the electricity is on in your new home
<input type="checkbox"/>	Locate a pharmacy that accepts your health insurance	<input type="checkbox"/> Check supplies for the trip
<input type="checkbox"/>	Contact parent organizations and support groups in the area	<input type="checkbox"/> Call new medical equipment supplier
<input type="checkbox"/>	Find and connect with another parent from the area	
NEW INFORMATION AND CONTACT LIST		
Hospital		
Health Care Providers		
Health insurance plan		
EMS/ Fire/ Police		
School		
Parent Support Group/Organizations		
Electric and other Utility companies		
DO YOU HAVE COPIES OF:		
<input type="checkbox"/>	Medical records including shots and immunizations	
<input type="checkbox"/>	School records including IEPs, or IFSPs	
<input type="checkbox"/>	List of medical supplies and prescriptions used	
<input type="checkbox"/>	Letter from PCP and specialty providers explaining your child's condition	

Modified from the Massachusetts Department of Health 2004 Checklist

<http://www.mass.gov/eohhs/docs/dph/com-health/special-needs/moving-checklist.pdf>

Oregon Family to Family Health Information Center Feb. 2018