

School Based Health Centers Hamden Public Schools Registration and Consent Form

School Name: _____ Grade _____

Dear Parent or Guardian: Our School Based Health Center is pleased to provide medical and behavioral health services at your child's school during school hours. Please fill out this form and return it to the school with your child to enroll in the program.

**Hamden High School and Church Street Elementary School locations are in partnership with Quinnipiac Valley Health District*

Student Information	Last Name				First Name				MI				Date of Birth							
	Street Address				City				State				Zip				Social Security Number			
	Home Phone				Cell Phone								Email Address							
	Sex: ☐ M ☐ F																			
	Preferred Language Spoken: _____ Preferred Language Written: _____																			
	Need Interpreter or special accommodation for communication: _____																			
	Which Category or Categories Best Describe Your Race?																			
	☐ Black/African American				☐ American Indian/Alaska Native				☐ Asian Indian											
	☐ Filipino				☐ Middle Eastern or Northern African				☐ Native Hawaiian											
	☐ Japanese				☐ Samoan				☐ Chinese											
☐ Guamanian or Chamorro				☐ White				☐ My race not listed												
☐ Korean				☐ Vietnamese				☐ Prefer not to share												
☐ Pacific Islander				☐ Asian				☐ Don't know												
Ethnicity: ☐ Hispanic or Latina/o ☐ Not Hispanic or Latina/o ☐ Prefer not to answer ☐ Don't know																				
Choose Ethnic Background* (<i>See attached</i>) _____																				
Do you have a Primary Care Provider? If yes, please specify: _____																				
If not, would you like to be referred to Cornell Scott Hill Health Center Pediatrics Department? *Yes/No																				
*A member of our CS-HHC staff will reach out to you																				
Parent/Guardian Information	Last Name				First Name				MI				Date of Birth							
	Street Address				City				State				Zip				Social Security Number			
	Home Phone				Cell Phone				work phone				Email Address							
	Emergency Contact Person								Emergency Number											

Insurance Information	Primary Medical Insurance Insurance ID/Medicaid ID # Group #		
	Policy Holder's Name Policy Holder's Date of Birth Policy Holder's Social Security Number		
	Does your family have insurance? Yes/No If not, would you like to be referred to Cornell Scott Hill Health Center Eligibility and Enrollment Department? *Yes/No *A member of our CS-HHC staff will reach out to you		
	As a community health center, it's important for us to know the population we are serving in order to provide the best care possible. ALL INFORMATION IS CONFIDENTIAL		
Household/Immediate Family	Is your family currently experiencing Homelessness: Yes/No Does your family live in Public Housing or Section 8: Yes/No Current Residence: ☐ Private Residence ☐ Doubling up/living with others ☐ Shelter ☐ Hotel/Motel ☐ Street ☐ Transitional ☐ Temporary Housing ☐ Group Home ☐ Unknown		
	Are you a farm worker or migrant worker? ☐ Farm Worker ☐ Migrant Worker ☐ Neither Veteran status? Yes/No		
	*Please see attached graph for the following: *Family Size: _____ *Monthly Income Category: <u>Please Circle</u> (A / B / C / D or E)		

PARENTAL CONSENT TO TREAT

I give permission to the above-named student to use the services provided by the CS-HHC School Based Health Center (SBHC). I understand that this authorization is valid as long as my child is enrolled in the Hamden Public School District or until I revoke this authorization.

As the parent/guardian of the above, I understand that I may revoke permission at any time for any reason and that I may add to or subtract from the services I do not want my child to receive by informing the SBHC in writing that I wish to withdraw or change my permission/instructions.

I consent to receiving phone calls regarding services my child receives or may be eligible to receive.

Furthermore, I give permission to CS-HHC to release information regarding treatment and/or services to the above insurance providers for purposes of billing. I authorize payments to be made directly to the agency providing services. I also agree to receive a copy of CS-HHC Notice of Privacy Practices which can be accessed directly at the SBHC or from our website: <https://www.cornellscott.org/about/notices-policies-and-statements>.

By signing this consent form, I certify that I am the legal guardian and legal custodian of the student named above. I have read, understand, and agree with each of the above paragraphs and certify that all the information provided is true and complete. I understand that CS-HHC may verify information on this form.

Signature _____ Date _____

I recognize that all CS-HHC school-based employees, as subcontractors for Hamden Public Schools, are "school officials" under FERPA and must handle confidential student information accordingly. CS-HHC School Based providers and clinicians must also adhere to all HIPAA requirements.

Signature _____ Date _____

***Please circle ethnic background:**

American Indian or Native American

- Alaska Native
- Cherokee
- Iroquois
- Mashantucket Pequot
- Mohegan

- *American Indian or Native American background not listed here*

Asian

- Asian Indian
- Bangladeshi
- Bhutanese
- Bruneian
- Burmese / Myanma
- Cambodian
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Kazakhstani
- Korean
- Kyrgyz
- Laotian
- Malaysian
- Maldivians
- Mongolian
- Nepalese
- Pakistani
- Singaporean

- Sri Lankan

- Taiwanese

- Tajikistanis

- Thai

- Timorese

- Turkmen

- Uzbek

- Vietnamese

- *Asian background not listed here*

Black, African American or African

- African American
- Angolan
- Batswana
- Beninese
- Bissau-Guinean
- Burkinabe
- Burundian
- Cameroonian
- Cape Verdean
- Central African
- Chadian
- Comorian
- Congolese
- Djiboutian
- Equatoguinean
- Eritrean
- Ethiopian
- Gabonese
- Gambian
- Ghanaian
- Guinean
- Ivorian
- Kenyan
- Liberian
- Malagasy
- Malawian
- Malian
- Mauritanian
- Mauritian
- Mosotho
- Mozambican
- Namibian
- Nigerian
- Rwandan
- Sao Tomean

- Senegalese

- Seychellois

- Sierra Leonean

- Somalian

- South African

- South Sudanese

- Sudanese

- Swazi

- Tanzanian

- Togolese

- Ugandan

- Zambian

- Zimbabwean

- *Black or African background not listed here*

Caribbean

- Anguillan
- Antigua and Barbuda
- Aruban
- Bahamian
- Bajan or Barbadian
- Belizean
- Bermudian
- British Virgin Islander
- Caymanian
- Curaçaoan
- Dominican (Dominica)
- Dominican (DR)
- Grenadian
- Guadeloupian
- Guianese
- Guyanese
- Haitian
- Jamaican
- Kittitian or Nevisian
- Martinican
- Montserratian

- Saint Lucian

- Saint Martin

- Sint Maartener

- Amerindian

- Surinamese

- Trinidadian & Tobagonian

- Turks and Caicos Islander

- Vincentian

- *Caribbean background not listed here*

European

- Albanian
- Austrian
- Belarusian
- Belgian
- Bosnian
- Bulgarian
- Croatian
- Cypriot
- Czech
- Danish
- Dutch
- English
- Estonian
- Finnish
- French
- German
- Greek
- Hungarian
- Icelandic
- Irish
- Italian
- Latvian
- Liechtensteiner
- Lithuanian
- Luxembourger
- Macedonian
- Maltese
- Moldovan
- Monegasque
- Montenegrin
- Northern Irish
- Norwegian

- Polish

- Portuguese

- Romanian

- Russian

- Sammarinese

- Scottish

- Serbian

- Slovak

- Slovenian

- Swedish

- Swiss

- Ukrainian

- Welsh

- *European background not listed here*

Hispanic, Latino/a/e or Spanish

- Argentinian
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Cuban
- Dominican (DR)
- Ecuadorean
- Guatemalan
- Honduran
- Mexican, Mexican American or Chicano/a
- Nicaraguan
- Panamanian
- Paraguayan
- Peruvian
- Puerto Rican

- Salvadorian

- Spaniard

- Uruguayan

- Venezuelan

- *Hispanic or Latino/a/e background or Spanish origin not listed here*

Middle Eastern or Northern African

- Algerian
- Arab
- Armenian
- Azerbaijani
- Bahraini
- Egyptian
- Emiratis
- Georgian
- Iranian
- Iraqi
- Israeli
- Jordanian
- Kuwaiti
- Lebanese
- Libyan
- Moroccan
- Omanis
- Palestinian
- Qataris
- Saudi Arabian or Saudi
- Sudanese

- Syrian

- Tunisian

- Turkish

- Yemeni

- *Middle Eastern or Northern African background not listed here*

Native Hawaiian or Pacific Islander

- Australian
- Cook Islander
- Fijian
- French Polynesian
- Guamanian or Chamorro
- Kiribatian
- Marshallese
- Micronesian
- Native Hawaiian
- Nauruan
- New Caledonia
- Melanesians, Kanak
- New Zealander
- Kiwis
- Niuean
- Northern Mariana Islander
- Palauan
- Papua New Guinean
- Samoan

- Solomon Islander

- Tokelauan

- Tongan

- Tuvaluan

- Vanuatuan

- Wallisian or Futunan

- *Native Pacific Islander background not listed here*

North American

- American
- Canadian

2025 FEDERAL POVERTY LEVEL GUIDELINE

Family Size	Category A 0-100%	Category B >100%- 125%	Category C >125%- 150%	Category D >150%- 175%	Category E >175%-200%
1	\$0- \$15,650	\$15,651- \$19,562.50	\$19,562.51- \$23,475	\$23,476- \$27,387.50	\$27,387.51- \$31,300
2	\$0- \$21,150	\$21,151- \$26,437.50	\$26,437.51- \$31,725	\$31,726- \$37,012.50	\$37,012.51- \$42,300
3	\$0- \$26,650	\$26,651- \$33,312.50	\$33,312.51- \$39,975	\$39,976- \$46,637.50	\$46,637.51- \$53,300
4	\$0- \$32,150	\$32,151- \$40,187.50	\$40,187.51- \$48,225	\$48,226- \$56,262.50	\$56,262.51- \$64,300
5	\$0- \$37,650	\$37,651- \$47,062.50	\$47,062.51- \$56,475	\$56,476- \$65,887.50	\$65,887.51- \$75,300
6	\$0- \$43,150	\$43,151- \$53,937.50	\$53,937.51- \$64,725	\$64,726- \$75,512.50	\$75,512.51- \$86,300
7	\$0- \$48,650	\$48,651- \$60,812.50	\$60,812.51- \$72,975	\$72,976- \$85,137.50	\$85,137.51- \$97,300
8	\$0- \$54,150	\$54,151- \$67,687.50	\$67,687.51- \$81,225	\$81,226- \$94,762.50	\$94,762.51- \$108,300
Each additional person add	\$5,500	\$6,875	\$8,250	\$9,625	\$11,000
					UPDATED 01/2025