Cornell Scott Hill Health Center
A Community of Caring

School Based Health Centers
West Haven 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.

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 Chamarro	☐ 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* (See attached) _____

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

Household/Immediate Family

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

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:** *Please Circle* (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 West Haven 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 West Haven 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
- Nigerien
- 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
- Antiguan and Barbudan
- 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 Martiner
- 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
- Icelander
- 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)
- Ecuadorian
- 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
- *NativePacific 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