

Parent/Guardian Guide to Completing Your Child's Shared Plan of Care

This Guide to Complete is a page-by-page guide to help you complete your child's Shared Plan of Care to the best of your ability. Read through this guide before filling out your Shared Plan of Care, and reach out to your Special Child Health Services Case Manager if you have any questions on how to complete any section.

As a parent or guardian filling this out for your child, remember that throughout the Shared Plan of Care, the word "My" refers to your child. Take the section titled "My Insurance," for example. Your child may have different insurance than you, but you would only list your child's insurance in the space provided.

At the bottom of some pages, you will see a note to use extra pages if needed. ***It may be helpful to make copies of the blank pages before filling them out if you think you will need them.***

At least once per year, complete a full review of all the content in your child's Shared Plan of Care to ensure that information is kept current and provides an accurate picture of your child's health.

Update Pages (ii-iv): You should update this page any time a change is made to your child's Shared Plan of Care. Each time you bring this Shared Plan of Care to an appointment, the provider will be able to look here to easily identify changes to your child's care since the last time your child saw him/her. Discuss any changes to your child's care with their provider to ensure you are informed of all aspects of their care, and ask questions when needed.

Cover page (v): This page provides a step-by-step outline to complete your child's plan. Most important of all is step 1: Fill in *what you know*. Do not worry about filling in everything at the start. Some sections may not even apply to your child or your family, and some sections should be filled out by your child's different team members. The plan will continue to build over time as you work with your child's team. Remember, your child's team is not only doctors but also people like your child's pharmacist, teachers, and your family. Another important thing to remember about this plan is to take it with you everywhere—you may find it useful not only with doctor's appointments but if you go to the pharmacy, or have an appointment with your child's teacher.

Page 1: This page highlights key contact information for you and your child. Complete the parts you know and if any sections do not apply to your child, you may leave those areas blank.

Page 2: This page provides an overview of important relationships as they relate to your child's health care, as well as a basic description of your child's insurance coverage.

Page 3: Here you can list your child's diagnoses and any important information you would like anyone working with your child to know.

Page 4: Your child's emergency contacts and steps to take in case of an emergency are described on this page. If you already have an emergency plan in place for your child, you may attach a copy of their emergency plan here. If you do not have an emergency plan in place, or if your child is not registered with NJ Register Ready, use this as an opportunity to get prepared. Keep in mind that as a parent or guardian completing this for your child, the emergency contact you list may in fact be you.

Page 5: On this page, you have room to write down information on your child's food or drug allergies and intolerances. At the bottom of the page, there is additional space to include notes on any other allergies your child may have.

Pages 6-9: Pharmacy contact information and important information regarding your child's prescriptions and over-the-counter medications can be recorded on these pages. In the 'Directions' column, you can include information such as dosage, when and how often to take it, or any other important notes.

Pages 10-13: Ask your child's primary care and other providers to complete these sections with you. Completing these sections can serve as a starting point to talk about your child's care and next step planning. If you know each doctor's specialty, phone number, and email, you can put that information at the top with their name. If not, use this as an opportunity to obtain that information.

Pages 14-15: Here you can include information on any home care your child may receive, as well as an infusion agency, durable medical equipment, and orthotics and/or prosthetics. Remember that there are some sections in the Shared Plan of Care that may not apply to your child. That's okay. However, if there are pieces that do apply but you do not have all the information, keep in mind the more information you obtain and put in this plan, the more complete the picture of your child's health will be.

Pages 16-18: If your child has a dentist, eye doctor, and/or audiologist, ask each of these providers to complete their own section with you. If you know their contact information you may fill in those parts, and then ask the provider to complete the treatment plan. On page 18, there is also a section on transportation. When completing this section, please note that the transportation agency does not necessarily have to be a medical transport provider. This could in fact be a neighbor, sibling, or other people that support your child.

Page 19: Important information about your child's school and education can be included here. If needed, attach a copy of your child's IEP, IFSP, or 504 Plan.

Page 20: Here you can write down any plans for your child's transition to adulthood including needs related to healthcare, schooling, employment, relationships, housing, etc. Use this section to begin conversations on transition planning with key members of your child's care team when the time is right.

Pages 21-22: These pages will be used to track any hospitalizations, emergency room visits, or other procedures your child has. Over time and with continued use, this page can serve as a historical log of important medical events throughout your child's life.

Pages 23-24: You can use these pages to schedule and keep track of your child's follow-up appointments. When scheduling, you can write the date, provider's name, and their specialty ahead of time. After you go to the appointment, you can fill in the treatment provided to maintain a record of your child's care.

Pages 25-26: These pages are for any information you feel has not been covered and you would like others to know about your child.

Page 27: There are two sections to this last page. At the top, your signature indicates that you understand and agree with the information in this plan. Having your child's primary care provider and care coordinator (if they have one) also sign here shows that they have played an active role in completing this plan with you. At the bottom is the informed consent where you agree to have the providers you listed in your child's plan review the whole plan. Keep in mind that the idea behind the Shared Plan of Care is that by sharing the whole picture of your child's care, the more informed your child's care team will be to make sure you receive the right care, at the right time, and at the right place.

Pages 28-29: Whenever your child receives a vaccination, you can record the name of the vaccine given and the date, and consult with your child's doctor to include any other pertinent information on your child's immunization record. At the top of the page, you should note the doctor's office that your child goes to for vaccinations, which can help you obtain official records when you need them.