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**Norman Schools**  
**Information Request Oklahoma Medicaid Eligibility**  
(Parent completes if child has a medical number)  
**Find Form**

Children that receive appropriate health services are better prepared to succeed in school. Some of our students are eligible for Medicaid. As a school, we are in the unique position to make some services available through Medicaid more convenient to the child and family.

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program is a preventive and comprehensive health program for Medicaid eligible individuals under the age of 21. It is designed to help you maintain your child's eligibility for services. Our school system plans to participate in screenings and be a provider for some services.

In order for the school to determine needs and plan a program, parental cooperation and input is necessary. Our district wishes to be of service to you and your child. To help us, please complete the following information on your child(ren).

Child's (LEGAL) Name: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_

His/Her most recent EPSDT screening was done on \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_  
(Doctor's Name)

Medicaid HMO assignment: \_\_\_\_\_

-or-

Primary Care Physician's (PCP) Name: \_\_\_\_\_

PCP's Address (Complete, if known): \_\_\_\_\_

Please attach a copy of the Medicaid card here, or complete indicated spaces below from information on your card.

Child's legal name as shown on the Medicaid card: \_\_\_\_\_

Medical – ID case # \_\_\_\_\_ Person # (2-digits) \_\_\_\_\_

Child's Sex:  M  F Child's Birth Date: \_\_\_/\_\_\_/\_\_\_