Forms & Publications Catalog

- Updated September 2003 -

Table of Contents

Introduction 1
Guidelines for Common Requests 2

Ordering Procedures 3
- Children's Medical Services (CMS) Branch Website 4
- Department of Health Services (DHS) Warehouse 5
  - Sample Order Form 8
  - CMS Staff Member Designated to Order DHS Warehouse Materials 9
- Electronic Data Systems (EDS) Print and Distribution Center 10
  - Sample Order Card 12
- Electronic Data Systems (EDS) Program Support Center 13
- Newborn Hearing Screening Program (NHSP) 14
- Print on Demand for Customized CHDP Program Materials 15
  - Sample Order Form 17
- Women, Infant, and Children (WIC) Supplemental Nutrition Branch Warehouse 18

Inventory Lists 19
- Inventory by Title 20
- Inventory by Item Number 31
- Inventory by Program and Item Category 41

Additional Resources 52

INTRODUCTION

The Children's Medical Services (CMS) Branch provides forms and publications for use by local California Children's Services (CCS) and Child Health and Disability Prevention (CHDP) programs. CMS materials are available from numerous sources, each with its own procurement procedures. This catalog provides instructions for ordering from five sources:

- CMS Branch Website (web-based distribution)
- Department of Health Services (DHS) Warehouse
- Electronic Data Systems (EDS) Print and Distribution Center
- Newborn Hearing Screening Program (NHSP)
- Women, Infant, and Children (WIC) Supplemental Nutrition Branch Warehouse

How to Use the Catalog

This catalog is product-oriented. Items available through the CMS Branch are listed three ways: by title, by number, and by program/category/topic. For example,

- If the title of an item is known, look under *Inventory by Title* (page 20).
- If the item number is known, look under *Inventory by Item Number* (page 31).
- If the title and item number are unknown, look *Inventory by Program and Category/Topic* (page 41). First, located the desired program. Second, find the entries under the desired category or topic. Lastly, locate the specified item.

All lists provide the title, number, language, and last revision date of each item. Brief descriptions for each item can be found in the *Inventory by Title*.

Once the desired item has been located on an inventory list, look at the page number(s) referenced under the *Go To Page…* column. To find out how to obtain the desire item, turn to these page(s). Ordering instructions will be detailed on the referenced page.

Who Should Have This Catalog

It is highly recommended that local CCS and CHDP programs provide this catalog to the staff member(s) responsible for ordering materials. Additional copies of this catalog can be obtained from www.dhs.ca.gov/cms. The online version of this catalog will be updated as new materials become available.

GUIDELINES FOR COMMON REQUESTS

The CMS Branch receives numerous requests relative to print materials. The following are guidelines for common requests.

- **Alterations**

  The CMS Branch requests that the content and design of materials not be altered. However, local CMS programs, health departments, and health care providers may stamp or label brochures, posters, and flipcharts with their contact information.

  In order to ensure the quality of online materials, the CMS Branch requests that materials not be scanned.

- **CMS Logo**

  Local CMS programs that would like to include the CMS logo (see catalog cover) in their website or newsletters should contact the staff member listed below. The logo is available in four computer file formats: bitmap, JPEG, PDF, and TIF.

- **The Internet**

  In an effort to promote the online distribution of CMS Branch materials, local CMS programs and community organizations are encouraged to link to the CMS website (see page 4 for more details).

  Linking to the actual web address (URL) of a desired form or publication will ensure that visitors are directed to the latest version of that form or publication. For items not currently available online, please contact the staff member listed below.

- **Special Orders**

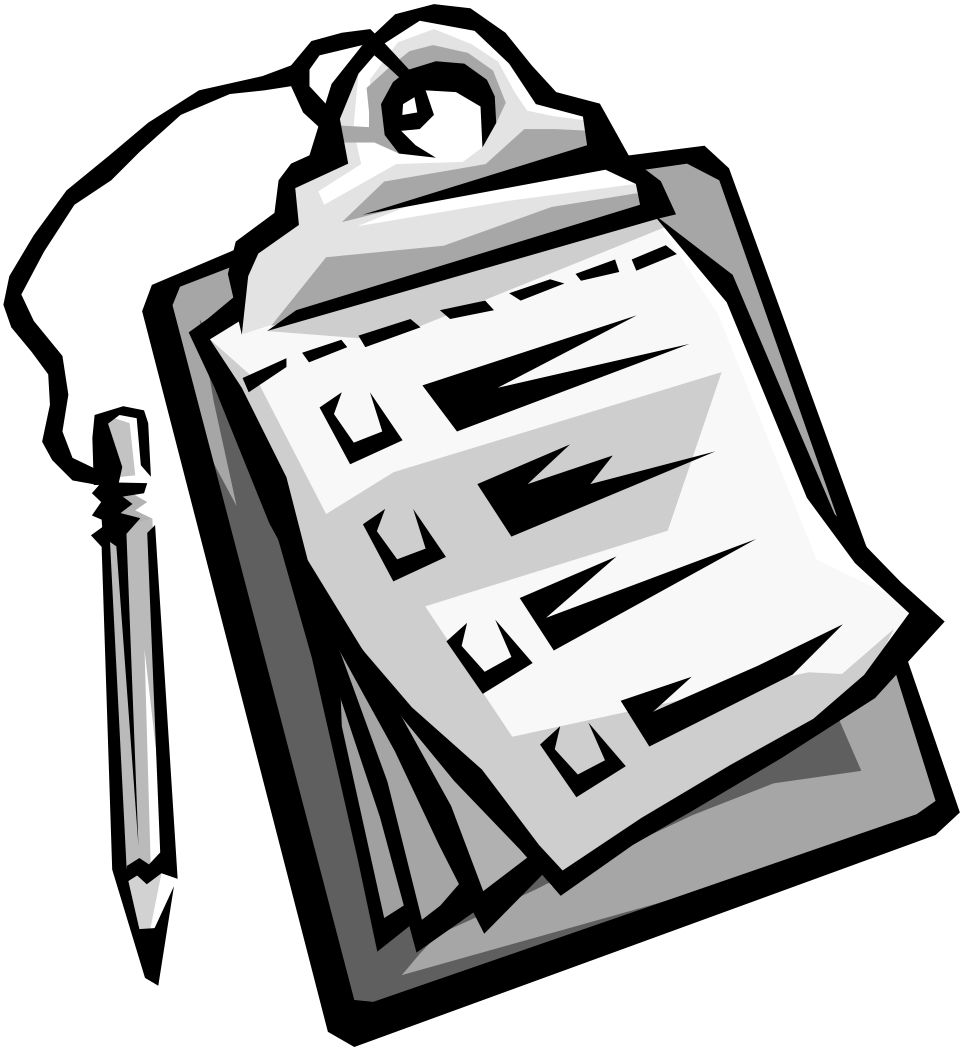
  The CMS Branch often receives orders from community organizations, managed care plans, school districts, and other organizations for a large amount of materials. Unfortunately, the CMS Branch budget does not support such orders. It may be possible to supply a limited number of publications for statewide conferences and conventions. The CMS Branch may also be able to provide masters to organizations wishing to reprint a particular publication. Direct special requests to the staff member below.

- **Translations**

  Agencies wishing to translate CCS or CHDP materials into other languages should contact the staff member listed below. It may be possible to supply such agencies with the original artwork.

Questions and request should be directed to:

Karl Halfman, Associate Governmental Program Analyst
Children's Medical Services Branch, Program Operations Section
MS 8102, P.O. Box 942732, Sacramento, CA 94234-7320
Phone: 916-327-2670
Fax: 916-327-5743
E-Mail: khalfman@dhs.ca.gov



Ordering Procedures

Children's Medical Services (CMS) Branch Website

Who May Access Items

Anyone with Internet access may view, download, and/or print selected forms and publications from the CMS Branch website. This is a convenient way for parents, school nurses, health care providers, social workers, and others to obtain CMS materials.

Software Requirements

Online forms and publications are usually stored in a "portable document format" (PDF) file. PDF is a universal file format that preserves the fonts, formatting, and graphics of any source document so that users can view and/or print it as it was originally designed.

To view and print these items, users will need Adobe Acrobat Reader. Adobe Acrobat Reader can be downloaded from the Adobe website (www.adobe.com/products/acrobat/readstep.html) at no charge. The Adobe website provides instructions for downloading and installing the software. It is recommended that users download the most current version of Adobe Acrobat Reader.

Accessing Online Materials

The CMS website is part of the DHS website. To access online CMS materials, go to www.dhs.ca.gov/cms and click on *Forms and Publications*. Items currently available online are listed on this webpage. Check back often as the CMS Branch is frequently expanding the website.

Click on the item you would like to view. Depending on how your Internet browser (e.g., Internet Explorer, Netscape Navigator) is configured, the form will either automatically launch (open) in Adobe Acrobat Reader or prompt you to save it to a disk. In the later case, save the file to a selected drive, then open Adobe Acrobat Reader, and finally open the saved file.

"Fillable" Forms

Many of the online CMS forms are "fillable." While viewing the form in Adobe Acrobat Reader, the cursor changes from a hand to a pointing finger or text bar when it passes over a fillable field. You can type in information (e.g., name, address) in these fields. You can then print the completed form.

Users with the free Adobe Acrobat Reader will only be able to fill in and print out the form from their computer, not save the completed form. Users with the complete Adobe Acrobat software package can save the form and data for later use.

Troubleshooting

If you have trouble working with the PDF files, go to the support section on the Adobe Acrobat website (www.adobe.com/support/products/acrreader.html).

DEPARTMENT OF HEALTH SERVICES (DHS) WAREHOUSE

Who May Order

Only local CCS and CHDP programs may order CMS materials from the DHS Warehouse. Local programs are responsible for ordering materials for their own use, as well as for local providers.

The CMS Branch will only approve orders signed by a designated local program staff member. In order to designate a staff member, each CCS Administrator and CHDP Deputy Director (or CMS Director where applicable) must complete and return the form on page 9. A new form should be submitted any time there is a staffing change. Effective July 1, 2002, only orders signed by a designated staff member will be approved and processed. To find out the designate staff member for a local program, contact Karl Halfman at 916-327-2670.

Order Form (DHS 2031)

Use the DHS 2031 Order Form (revised June 2002) when ordering from the DHS Warehouse. The DHS 2031 is a single-sheet of bond paper with a unique control number. Because of the unique control number, do not duplicate the form to make additional orders. Use a new form each time an order is submitted to the DHS Warehouse.

A supply of order forms can be obtained by including them on the list of items ordered from the DHS Warehouse. If you do not already have an order form, call the DHS Warehouse at (916) 928-9203.

Completing an Order Form (DHS 2031)

When completing an order form, always type or print legibly. The numbers below correspond to the sample order form on page 8.

1. Enter the date of the order.

2. Enter the name of the county where the CCS or CHDP program is located. City programs (e.g., Berkeley, Long Beach, and Pasadena) should also enter the county name.

3. Enter the corresponding two-digit county code. County codes are listed on the back of the order form.

4. Enter the local health department's name under *Department/agency/facility*.

5. Enter CCS or CHDP under *Section*.

6. Enter the complete shipping address, including any room or floor numbers. Do not use postal boxes. The DHS Warehouse uses a private carrier and cannot ship to postal boxes.

7. Enter the name of the CCS or CHDP program staff member designated to order materials. Only orders with the authorized signature will be approved and processed. (See page 9 for more information.)

8. Enter the telephone number of the staff member identified in Item 7.

9. List the items being ordered under *Item/Publication Title* and *Item Number* sections using the following conventions:

    - Use a separate line for each item ordered.

    - Arrange the items as follow:

    - first alphabetically by the prefix (e.g., DHS, MC, PM, or PUB),
    - then numerically by the number, and
    - finally alphabetically by the suffix (e.g., A, B, BI, INST), if any.
  - If the item number is unknown, list the title in English and leave the *Item Number* column blank.
  - Do not include the revision date (e.g., 3/95, 2001).
  - List the title under the *Item/Publication Title* column. The title must be in English, even if the publication is in another language.
  - Do not attach samples.

  An example of a properly completed order form is shown on the backside of the DHS 2031 Order Form.

10. Enter the number of items being ordered under the *Quantity* column.
    - For example, a box of 50 brochures would be listed as 50 each, not 1 box.
    - Order a three-to-four month supply.
11. Leave the *CALSTARS Coding*, *Process Code*, *WHSE CODE*, and *Location* columns blank.

Submitting an Order

Orders may be submitted by fax or by mail.

Fax: Fax the order form to Karl Halfman at 916-327-5743. Once the order has been faxed, file the original order form for future reference. Do not mail or fax the original order form after it has been faxed.

Mail: Photocopy the completed order form. File the photocopy for future reference. Send the original order form to:

Karl Halfman
Children's Medical Services Branch
Program Operations Section
MS 8102
P.O. Box 942732
Sacramento, CA 94234-7320

Processing Orders

The CMS Branch reviews and approves orders. Once the order form is approved, it is sent to the DHS Warehouse. Orders are processed as they are received. The entire process takes four to six weeks.

The DHS Warehouse conducts inventory every January. Typically, they do not process orders for about three weeks between late December and early January. Please plan accordingly.

Questions concerning the status of a particular order should be addressed to Karl Halfman at 916-327-5743. Use the file copy of the order form as a reference when making inquiries.

Receiving an Order

A copy of the order form will be marked "Packing Slip" and returned with the order. The following code(s) may be written in the *Process Code* column:

Code	Definition
C	Order cancelled because the item is not stocked in the DHS Warehouse or the item could not be identified.
D	Currently out of stock. Since the DHS Warehouse does not have a backorder system, you will have to reorder after 30 to 45 days.
E	The quantity shipped was reduced from the requested quantity because the order appeared excessive. An example of an excessive request is ordering 5,000 copies of the *Report of Health Examination for School Entry* (PM 171 A) when the county only has 2,500 first graders.
I	Order filled.
L	Quantity limited by owning section or program.
O	Item has been discontinued.
P	The quantity shipped differs from the quantity requested because of packaging. For example, 150 brochures were ordered but 200 were delivered because the brochures are packed in bundles of 200.
R	The quantity shipped was reduced from the requested quantity because stock is low. Since the DHS Warehouse does not have a backorder system, you will have to reorder after 30 to 45 days.

If there are any errors in the delivery, contact the DHS Warehouse prior to attempting to return any item(s). Use the packing slip as a reference when calling the DHS Warehouse. The DHS Warehouse phone number is 916-928-9203.

SAMPLE ORDER FORM

FAXABLE
WAREHOUSE ORDER FORM

Fax: (916) 928-1326
Phone: (916) 928-9203
Send to: Department of Health Services Warehouse
1037 N. Market Boulevard, Suite 9
Sacramento, CA 95834

TO AVOID ERROR OR DELAY IN SHIPPING, PLEASE COMPLY WITH ALL INSTRUCTIONS ON BACK OF ORDER

Control number № 105401

Unit approval *(DHS Program Use Only)*

DATE 1

SHIP TO:

Name of county 2

County number 3

Contact person 7

Department/agency/facility 4

Phone ( ) 8

Section 5

Street address only—**DO NOT USE P.O. BOX** 6

City 6

State 6

ZIP code 6

CALSTARS CODING (DHS USE ONLY): Fiscal Year | PCA | Index | Object Code

WAREHOUSE USE ONLY

Filed by

Pieces

Weight

Date shipped/via

Date received

LINE	ITEM/PUBLICATION TITLE	ITEM NUMBER Alpha	Number	Suffix	QUANTITY	UNIT	PROCESS CODE (OVER)	WHSE. CODE	LOCATION
1.	9	9	9	9	10	EA			
2.						EA			
3.						EA			
4.						EA			
5.						EA			
6.						EA			
7.						EA			
8.						EA			
9.						EA			
10.						EA			

REMARKS *(WAREHOUSE USE ONLY)*

DHS 2031 (6/02)

CHILDREN'S MEDICAL SERVICES STAFF MEMBER DESIGNATED TO ORDER DEPARTMENT OF HEALTH SERVICES WAREHOUSE MATERIALS

Instructions

1. Photocopy this page.
2. Fill out the required information on the photocopy.
3. Mail or fax the completed form to the CMS Branch:

   Karl Halfman
   Children's Medical Services Branch
   Program Operations Section
   MS 8102, P.O. Box 942732
   Sacramento, CA 94234-7320
   Fax: 916-327-5743

4. Submit a new form any time there is a change in the authorized signer.

. . .

I hereby designate the following staff member(s) to serve as our program's authorized signer for ordering materials through the DHS Warehouse.

Signature of CCS Administrator or CHDP Deputy Director (or CMS Director where applicable)	Date	County/City

Name:		Phone:	
Title:		Fax:	
Program:	❑ CCS ❑ CHDP ❑ Both	E-Mail:	
Address:		City & Zip:	
Does this signer replace an existing signer?		❑ Yes ❑ No	
If yes, who was the former signer?			

Name:		Phone:	
Title:		Fax:	
Program:	❑ CCS ❑ CHDP ❑ Both	E-Mail:	
Address:		City & Zip:	
Does this signer replace an existing signer?		❑ Yes ❑ No	
If yes, who was the former signer?			

ELECTRONIC DATA SYSTEMS (EDS) PRINT AND DISTRIBUTION CENTER

Who May Order

Only local CHDP programs may order materials from the EDS Print and Distribution Center. CHDP programs are responsible for ordering materials for their own use, as well as for CHDP providers (including CHDP Clinical Laboratories (Provider Type 27)), managed care plans, Head Start programs, and State Preschools in their jurisdiction. CHDP providers must order materials through their local CHDP program.

There are special instructions for Blood Lead Laboratories (Type 26). For more details, such laboratories should contact Eilene Watts with the CMS Branch Provider Services Unit at 916-324-9618.

Order Card (Provider Forms Reorder Request for CHDP)

Use the *Provider Forms Reorder Request for CHDP* when ordering from the EDS Print and Distribution Center. The reorder request is a self-addressed, gray post card. It lists CHDP form numbers and titles, as well as standard quantities. To obtain an order card, call the EDS Print and Distribution Center at 916-636-1907.

Completing an Order Card

When completing an order card, always type or print legibly. The numbers below correspond to the sample order card on page 12.

Local CHDP programs must indicate which version of the DHS 4073 is being ordered in the following manner:

1. To order CHDP Eligibility Information Forms (DHS 4073, versions prior to 7/03), use the first row on the order card. Indicate the language desired by either circling “ENG/SP” or writing the language in the blank space under the “Title” column. Available languages include English/Spanish, Armenian, Cambodian, Chinese, Hmong, Lao, and Vietnamese. You must also write “pink” in the “Other” column.

2. To order CHDP Pre-Enrollment Applications (DHS 4073, revised 7/03), use the second row on the order card. Indicate the language desired in the “Specify Other Languages” space under the “Title” column. Available languages include Armenian, Cambodian, Chinese, English, Farsi, Hmong, Korean, Lao, Russian, Spanish, and Vietnamese. You must also write “white” under the “Other” column.

3. Place an “X” in the column indicating the quantity desired (i.e., 100, 500, 1,000, or 1,500) for each item requested. If ordering more than one language, write the first two letters of the language in the appropriate “Quantity” column rather than an “X”. For example, of ordering 100 copies of Cambodian, write “CA” under the 100 column.

   Order a two to three month supply of each item.

4. Use the *Other* column if:

   - The quantity desired for an individual item differs from the preprinted amount. Enter the exact quantity in the *Other* column;

   - When ordering imprinted Information Only Confidential Screening/Billing Reports (PM 160 Info Only), write the word “Imprint” in the *Other* column. Note that only Federally Qualified Health

Clinics, Rural Health Clinics, and Pre-paid Health Plans[1] (3-digit project code) can receive imprinted copies of the Confidential Screening/Billing Reports (PM 160 Info Only).

5. Only local CHDP programs can receive Confidential Screening/Billing Reports for Head Start/State Preschool (PM 160 HSP), Provider Data Sheets (PM 177), and Provider Forms Reorder Request for CHDP.

6. Enter the name of the county or city where the CHDP program is located.

7. Enter the telephone number (including area code) of the CHDP program staff member responsible for ordering materials from the EDS Print and Distribution Center.

8. The CHDP program staff member responsible for ordering materials from the EDS Print and Distribution Center must sign the card.

9. Enter the complete shipping address (including any room or floor numbers) where the forms are to be delivered.

   - Do not use postal boxes. The EDS Print and Distribution Center uses a private carrier and cannot ship to postal boxes.

   - Include an attention line identifying the person who is expecting the shipment of forms.

   - *CHDP Program* or *Health Department* must be included in the shipping address when ordering Confidential Screening/Billing Reports for Head Start/State Preschools (PM 160 HSP).

10. Enter the complete Provider Number or Pre-Paid Health Plan Code[1] (3-digit) only if ordering imprinted Confidential Screening/Billing Reports (either PM 160 or PM 160 Info Only). All imprint orders must include the Provider Number as it appears on the CHDP Business Objects Reporting System.[2] If the Provider Number is not indicated, the EDS Print and Distribution Center will ship blank forms. If the Provider Number is incorrect, inactive, or awaiting enrollment, the order will not be processed.

11. Enter the complete Provider Name and Address (including room numbers) only if ordering imprinted Confidential Screening/Billing Reports (either PM 160 or PM 160 Info Only). All imprint orders must include the Provider Name and Address exactly as they appear on the CHDP Business Objects Reporting System.[2] If the Provider Name and Address are not indicated, the EDS Print and Distribution Center will ship blank forms. If the Provider Name and Address are incorrect, inactive, or awaiting enrollment, the order will not be processed.

Submitting an Order

When the order card is complete, photocopy the order card and file the copy for future reference. Write the return address on the front of the card. If multiple orders are submitted simultaneously, place them in an envelope and write “Provider Forms Reorder Request Cards Enclosed” on the outside. Affix adequate postage and mail to:

Medi-Cal CHDP, Fiscal Intermediary
P.O. Box 15300
Sacramento, CA 95851-1300

[1] Pre-paid Health Plans mean any Medi-Cal Managed Care Plan.
[2] If you need access to the CHDP Business Objects Reporting System, please ask your Deputy Director.

Processing Orders

The EDS Print and Distribution Center processes orders as they are received. If local CHDP program staff have questions about a particular order, they should call the EDS Print and Distribution Center at 916-636-1907. Use the photocopy of the order card as a reference when calling. CHDP providers should not contact the EDS Print and Distribution Center directly.

Delivery takes two to three weeks. The EDS Print and Distribution Center will return incomplete or incorrect order cards to the local CHDP program along with the reason for non-fulfillment.

SAMPLE ORDER CARD

FISCAL INTERMEDIARY

PROVIDER FORMS REORDER REQUEST for CHDP

FORM NO.	TITLE	INDICATE QUANTITY DESIRED (X)				
		100	500	1000	1500	Other (Indicate Amount)
DHS 4073	CHDP ELIGIBILITY INFORMATION (ENG/SP) 1					1
DHS 4073	CHDP ELIGIBILITY INFORMATION SPECIFY OTHER LANGUAGE: 2 _____		3			2 4
PM 160	CONFIDENTIAL SCREENING/ BILLING REPORT					
PM 160 HSP 5	CONFIDENTIAL SCREENING/BILLING REPORT (LOCAL CHDP PROGRAMS ONLY) (HEAD START/STATE PRESCHOOL)					
PM 160 (Info Only)	CONFIDENTIAL SCREENING/BILLING REPORT (INFORMATION ONLY)					
PM 177 5	PROVIDER DATA SHEET					
CHDP	ENVELOPES					
CHDP 5	PROVIDER FORMS REORDER REQUEST for CHDP					

If you have questions regarding the use of this form, please call this number: 1-916-636-1000

Order only a 2 - 3 month supply, allowing 2 - 3 weeks for delivery.

A change of address may require 3 - 5 weeks for delivery. Be sure to notify the State Provider Enrollment Section and F.I. of an address change to avoid unnecessary delay.

6 _____ Local CHDP Program

7 _____ Telephone Number

X 8 _____ County Agency Signature

PROVIDER NUMBER 10

SHIP TO ADDRESS: (MUST BE COMPLETED WITH STREET AND ROOM/SUITE NUMBER)

9

PROVIDER NAME AND IMPRINT ADDRESS:

11

Electronic Data Systems (EDS) Program Support Center

The new CHDP Provider Manual replaces the CHDP Program Provider Manual (PUB 157) and the PM 160 Instruction Manual (PM 160 INS).

As new providers enroll in the CHDP program, they will automatically be sent a CHDP Provider Manual. To order extra copies, providers should follow the instructions described in the section entitled "Manual Ordering C" in the CHDP Provider Manual. This section can be viewed online at: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part1/0Cmnlorder_z00c00.doc.

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Government agencies, including local CHDP programs, must contact the Electronic Data Systems (EDS) Provider Support Center (PSC) directly to order additional copies of the CHDP Provider Manual. The phone number is 1-800-541-5555.

Newborn Hearing Screening Program (NHSP)

NHSP, administered through the CMS Branch, has implemented a comprehensive statewide program to help identify hearing loss in infants. NHSP helps guide families to the appropriate diagnostic and intervention services for babies with hearing loss.

NHSP supplies targeted, informational materials to hearing screening and diagnostic service providers and parents. Local CHDP and CCS programs may order selected NHSP materials through the program office. For more information about these materials and ordering procedures call 916-322-5794 or e-mail jlinderman@dhs.ca.gov.

PRINT ON DEMAND FOR CUSTOMIZED CHDP PROGRAM MATERIALS

Who May Order

Only local CHDP programs may order customized CHDP Program materials. These materials include:

- the CHDP Informing Brochures (entitled *Medical and Dental Health Check-Ups*) for use by local CHDP programs and social service agencies when informing, and
- the CHDP Gateway Post-Visit Flyers (entitled *Your Child Now Has Free Temporary Medi-Cal Health Coverage*) for use by CHDP providers who enroll children through the CHDP Gateway.

Local CHDP programs are responsible for ordering materials for their own use as well as for local providers and social services agencies.

Order Form

To order these customized materials, use the Order Form for Customized CHDP Materials (DHS 4483). This form can be obtained from the CHDP website. Go to www.dhs.ca.gov/chdp and click on *Forms and Publications*.

Completing an Order Form

When completing an order form, always type or print legibly. The numbers below correspond to the sample order form on page 17.

1. Enter the date of the order.

2. Enter the complete shipping address, including any room or floor numbers. Do not use P.O. Boxes.

3. Enter the name of the county in which the CHDP program is located. City programs (e.g., Berkeley, Long Beach, and Pasadena) should also enter the name of the county in which they are located.

4. Enter the name of a contact person. This contact is needed in the event there are questions pertaining to the order. The contact person does not have to be the person in Item 5.

5. The CHDP program staff member responsible for ordering materials must sign the form. If that person is submitting the order via e-mail, no signature is needed.

6. Enter the e-mail address of the contact person.

7. Enter the telephone number of the contact person.

8. Enter the fax number of the contact person.

If ordering CHDP Informing Brochures:

9. Enter the contact information to imprint on the brochure. The contact information should include the agency's name, address, and phone number. If the contact information is more than four lines, attach the remaining information on another piece of paper.

   To order blank brochures, leave these boxes empty.

10. Enter the quantity of brochures being ordered next to the appropriate language(s). Order a four-to-five month supply. The minimum quantity is 250 copies per order.

11. Enter the desired paper color of the brochures. If this item is left blank, brochures will be printed on white paper.

If ordering CHDP Post-Visit Flyers:

12. Enter the contact information to imprint on the brochure. The contact information should include the agency's name, address, and phone number. If the contact information is more than four lines, attach the remaining information on another piece of paper.

    To order blank brochures, leave these boxes empty.

13. Enter the quantity of flyers being ordered. Order a four-to-five month supply. The minimum quantity is 1,000 copies per orders.

Submitting an Order

Orders may be submitted by fax, mail, or e-mail.

Fax: Fax the order form to Karl Halfman at 916-327-5743. Once the order has been faxed, file the original for future reference. Do not mail the original after it has been faxed.

Mail: Photocopy the completed order form. File the copy for future reference. Send the original order form to:

Karl Halfman
Program Operations Section
Children's Medical Services Branch
MS 8102, P.O. Box 942732
Sacramento, CA 94234-7320

E-Mail: Orders can be submitted by e-mail by following the directions on the CHDP website. Open the Microsoft Word version of the DHS 4483 located on the *Forms and Publications* webpage of the CHDP website (www.dhs.ca.gov/chdp). Type in the order information. Go to *Save As* under the *File* menu. Type in the file name (including the .doc extension), select the drive to save the file in, and click OK. Then create an e-mail message addressed to Khalfman@dhs.ca.gov. Attach the saved file to the body of the e-mail message. Send the e-mail message.

Processing Orders

Orders for CHDP Informing Brochures are processed on a flow basis. Processing takes between two and three weeks.

Orders for CHDP Gateway Post-Visit Flyers are processed on the 15th of every month and should arrive after the 20th of the following month.

If you have questions concerning the status of a particular order, call Karl Halfman at 916-327-2670.

SAMPLE ORDER FORM

State of California—Health and Human Services Agency

Department of Health Services
Child Health and Disability Prevention (CHDP) Program

CUSTOMIZED CHDP MATERIALS ORDER

Date 1	Ship to 2	County 3	Contact person 4
Address (number, street—no P.O. Boxes) 2	City 2	State 2	ZIP code 2
Authorized signature (if not sent via e-mail) 5	E-mail address 6	Phone number ( ) 7	Fax number ( ) 8

CHDP Informing Brochures

Type or print clearly the contact information below that you would like printed on the brochures. If left blank, no imprint will be printed.

Name to be imprinted 9		
Address (number, street) 9		
City 9	State 9	ZIP code 9
Telephone number ( ) 9		

LANGUAGE(S)	QUANTITY	PAPER COLOR
Armenian	10	11
Cambodian		
Chinese		
English		
Farsi		
Hmong		
Lao		
Russian		
Spanish		
Vietnamese		

CHDP Gateway Post-Visit Flyers

Type or print clearly the contact information below that you would like printed on the flyers. If left blank, no imprint will be printed.

Name to be imprinted 12		
Address (number, street) 12		
City 12	State 12	ZIP code 12
Telephone number ( ) 12		

LANGUAGE	QUANTITY
English/Spanish	13

SUBMITTING YOUR ORDER

Informing brochures are processed on a flow basis and take between two and three weeks to arrive. Post-visit flyers are processed on the 15th day of every month and will arrive after the 20th of the following month.

Send your completed order form using one of the following methods:

U.S. Mail

Karl Halfman
Program Operations Section
Children's Medical Services Branch
MS 8102
P.O. Box 942732
Sacramento, CA 94234-7320

FAX
916-327-5743

E-mail
khalfman@dhs.ca.gov

CMS USE ONLY

Informing Date DHS 54 sent: _____
Control number: _____

Gateway Date DHS 54 sent: _____
Control number: _____

DHS 4483 (8/03)

Women, Infant, and Children (WIC) Supplemental Nutrition Branch Warehouse

Local CHDP and CCS programs may order nutrition-related materials directly from the WIC Supplemental Nutrition Branch. Contact Candyce Dutro at 800-585-7341 or candyce.dutro@dgs.ca.gov. Let her know that you are with either CHDP or CCS and would like to order materials. She will provide you with ordering instructions and forms.

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Private health care providers may purchase nutrition-related materials. For prices and ordering information, contact Linda Hancock at 916-928-8643 or Lhancock@dhs.ca.gov.

Inventory Lists

By Title 20
By Item Number 31
By Program and Item Category 41

INVENTORY BY TITLE

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
A Preventive Health Program for Infants, Children, and Teens (Brochure to recruit and educate CHDP providers. Not intended for families.)	PUB 141	English	11-01	4, 5
Application to Determine CCS Program Eligibility	DHS 4480	English	6-03	4
	DHS 4480 SP	Spanish	6-03	4
California Children's Services (Informational brochure)	PUB 4	English	5-03	4, 5
	PUB 135	Spanish	5-03	4, 5
California Children's Services Face Sheet	MC 2142	English	2-00	5
California Children's Services Medical Report	DHS 4014	English	8-01	4, 5
CCS Medical Therapy Plan	DHS 4505	English	8-03	4
California Statewide Guidelines for Public Health Nurses in Child Welfare Services	PUB 12	English	5-99	4, 5
CHDP Annual School Report (For use by local CHDP programs, public school districts, and individual private schools)	PM 272	English	12-01	4
CHDP Consent Form	PM 211 BI	English/Spanish	3-03	4, 5
CHDP Eligibility Information (Form. CHDP Providers who are not using the Gateway process must use this version of the DHS 4073. CHDP Providers who are using the Gateway process must use the new DHS 4073 below.)	DHS 4073	Cambodian	9-90	10
	DHS 4073	Chinese	9-90	10
	DHS 4073	Eastern Armenian	9-90	10
	DHS 4073	English/Hmong	9-90	10
	DHS 4073	Lao	9-90	10
	DHS 4073	Vietnamese	9-90	10
	DHS 4073 ENG/SP	English/Spanish	2-02	4, 10

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
CHDP Health Assessment Provider Application	DHS 4490	English	2-03	4
CHDP Health Assessment Provider Program Agreement	DHS 4491	English	2-03	4
CHDP Laboratory Provider Application	DHS 4502	English	2-03	4
CHDP Laboratory Provider Program Agreement	DHS 4503	English	3-03	4
CHDP Pre-Enrollment Application (Form. CHDP Providers who are using the Gateway process must use this version of the DHS 4073 beginning July 1, 2003. CHDP Providers who are not currently using the Gateway process must use the old DHS 4073 above.)	DHS 4073	Armenian	7-03	4, 10
	DHS 4073	Cambodian	7-03	4, 10
	DHS 4073	Chinese	7-03	4, 10
	DHS 4073	English	7-03	4, 10
	DHS 4073	Farsi	7-03	4, 10
	DHS 4073	Hmong	7-03	4, 10
	DHS 4073	Korean	7-03	4, 10
	DHS 4073	Lao	7-03	4, 10
	DHS 4073	Russian	7-03	4, 10
	DHS 4073	Spanish	7-03	4, 10
	DHS 4073	Vietnamese	7-03	4, 10
CHDP Provider Data Sheet	PM 177	English	2-03	4, 10
CHDP Provider Manual (Formerly PUB 157 and PM 160 INS)	None	English	Current	4, 13
CHDP Referral Form	PM 357	English	6-99	5
CHDP School Handbook	PUB 108	English	10-02	4, 5
CHDP Telecommunications Provider and Biller Application/Agreement	DHS 4431	English	8-01	4

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
Child Health Care Access Problem Identification (CHDP form)	DHS 4484	English	7-02	4
Children and Weight: What Families Can Do (Flipchart for health care providers to educate families about obesity and offer practical ways to help children grow into their weight.)	PUB 175	English/Spanish	No Date Given	5, 18
Confidential Referral/Follow-Up Report	PM 161	English	4-03	4, 5
Confidential Screening/Billing Report	PM 160	English	9-01	10
Confidential Screening/Billing Report (Head Start/State Preschool)	PM 160 HSP	English	9-01	10
Confidential Screening/Billing Report (Information Only)	PM 160 INFO	English	9-01	10
Connecting Points for Children's Health Programs in California: Access and Eligibility (Small flipchart resource directory for providers.)	PUB 208	English	6-05	5, 18
Consent for Medical Therapy Program Services (Form)	DHS 4027	English	11-01	4, 5
DHS Warehouse Forms and Publications Inventory Catalog (Catalog of all materials in the DHS Warehouse.)	PUB 120	English	1-03	5
DHS Warehouse Order Forms	DHS 2031	English	6-02	5
Eat Foods High in Iron for Strong Blood (Brochure with information on anemia prevention.)	PUB 169	English	4-95	5
	PUB 170	Spanish	4-95	5
	PUB 300	Cambodian	4-95	5
	PUB 301	Chinese	4-95	5
	PUB 302	Hmong	4-95	5
	PUB 304	Russian	3-97	5
	PUB 305	Vietnamese	4-95	5
Facility Review Tool	DHS 4493	English	2-03	4
Facility Scoring Summary Sheet	DHS 4494	English	1-03	4

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
Family Handbook: What Parents Should Know About CCS (Local CCS programs should only give this booklet to families whose children have been deemed eligible for CCS services. Use the CCS Brochure (PUB 4 or PUB 135) for general information purposes.)	PUB 387	English	6-99	5
	PUB 388	Spanish	6-99	5
Financial Card (CCS form)	MC 2213	English	2-01	4, 5
Food Tips to Help Protect Your Child From Lead Poisoning Ages 1 to 6 (Brochure)	PUB 46	English/Spanish	1992	5
Food, Activity, and You: A Guide for Better Health and Fitness (Brochure)	PUB 171	Spanish	4-02	5
	PUB 176	English	5-02	5
Free Health Check-Ups (Unfolded tri-fold brochure with basic information about CHDP.)	PUB 20	English	No Date Given	5
Genetically Handicapped Persons Program (Informational brochure)	None	English	7-00	4
Go, Glow, Grow Foods for You (This is a colorful, interactive nutrition activity booklet for 3- and 4-year-olds. Its focus is the food guide pyramid and eating a variety of foods. Parents, teachers and caretakers can use it to introduce or reinforce nutrition messages for children.)	PUB 109	English	4-96	5
	PUB 110	Spanish	4-96	5
Growing Up Healthy (Camera-ready copy of the entire series.)	PUB 284	English	8-97	4, 5
	PUB 285	Spanish	8-97	4, 5
Growing Up Healthy, Birth-2 Months (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 250	English	8-97	4, 5
	PUB 251	Spanish	8-97	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 3-4 Months (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 252	English	8-97	4, 5
	PUB 253	Spanish	8-97	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 5-6 Months (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 254	English	8-97	4, 5
	PUB 255	Spanish	8-97	4, 5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 7-9 Months (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 256	English	8-97	4, 5
	PUB 257	Spanish	8-97	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 10-12 Months (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 258	English	8-97	4, 5
	PUB 259	Spanish	8-97	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 13-15 Months (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 260	English	8-02	4, 5
	PUB 261	Spanish	8-02	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 16-23 Months (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 262	English	8-02	4, 5
	PUB 263	Spanish	8-02	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 2 Years (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 264	English	8-97	4, 5
	PUB 265	Spanish	8-97	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 3 Years (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 266	English	8-97	4, 5
	PUB 267	Spanish	8-97	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 4-5 Years (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 268	English	8-97	4, 5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
	PUB 269	Spanish	8-97	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 6-8 Years (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 270	English	8-97	4, 5
	PUB 273	Spanish	8-97	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 9-12 Years (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 274	English	8-97	4, 5
	PUB 275	Spanish	8-97	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 13-16 Years (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 276	English	8-97	4, 5
	PUB 277	Spanish	8-97	4, 5
	None	Vietnamese	No Date Given	4
Growing Up Healthy, 17-20 Years (Brochure with information on health, safety, dental hygiene, and parenting.)	PUB 278	English	8-97	4, 5
	PUB 279	Spanish	8-97	4, 5
	None	Vietnamese	No Date Given	4
Health Assessment Guidelines (Manual and binder for CHDP providers.)	PUB 156	English	2-97	4, 5
Health Insurance Information (CCS form)	MC 2600	English	10-01	4, 5
	MC 2600 SP	Spanish	10-01	4, 5
Healthy Foods for Children Ages 6 to 10 (CHDP brochure)	None	English	4-02	4
	None	Spanish	4-02	4
Help Your Toddler Reach a Healthy Weight (Brochure)	PUB 346	English	9-97	5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
	PUB 347	Spanish	9-97	5
How to Prevent Baby Bottle Tooth Decay (Brochure)	PUB 211	English	2-97	5
	PUB 212	Spanish	2-97	5
	PUB 214	Chinese	2-97	5
	PUB 215	Hmong	2-97	5
	PUB 216	Vietnamese	2-97	5
	PUB 217	Cambodian	2-97	5
Important Information about the CHDP Gateway to Health Coverage (Gateway Pre-Visit Flyer)	PUB 139	English/Spanish	5-03	4, 5
Master Index Rejection Notice (CCS form)	DHS 4087	English	8-01	4
Medical and Dental Health Check-Ups (CHDP informing brochures that can be printed with contact information for the local CHDP program or provider.)	None	Armenian	1-98	15
	None	Cambodian	1-98	15
	None	Chinese	1-98	15
	None	English	1-98	15
	None	Farsi	1-98	15
	None	Hmong	1-98	15
	None	Lao	1-98	15
	None	Russian	1-98	15
	None	Spanish	1-98	15
	None	Vietnamese	1-98	15
Medical Record Review Tool	DHS 4492	English	2-03	4

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
Medical Therapy Program Therapy Assessment Plan	DHS 4098	English	4-02	4, 5
Medical Therapy Unit Summary	MC 2113 P	English	9-01	4, 5
Medi-Cal/CHDP Envelope	91290 E	English	No Date Given	10
My Health Check-Up (Coloring book about CHDP exams.)	PUB 382	English/Spanish	6-94	5
Narrative Sheet (CCS Form)	MC 2320	English	8-01	4, 5
Newborn Hearing Screening Program (General information brochure)	PUB 812	English	3-00	4, 14
Newborn Referral Form (This is not an application for Medi-Cal)	MC 330	English	Unknown	5
	MC 330 SP	Spanish	Unknown	5
Nine-Part Dividers for Medical Therapy Unit (MTU) Records	PUB 7	English	No Date Given	5
Nutrition Screening and Evaluation (Instructions for “What Does Your Child Eat?” (DHS 4035-A))	DHS 4035 A-INST	English	6-00	4, 5
Order Form for Customized CHDP Materials	DHS 4483	English	8-03	4
Patient History Transaction Form (CCS form. DHS 4015 N is pre-numbered and DHS 4015 U is non-numbered.)	DHS 4015 N	English	8-01	5
	DHS 4015 U	English	8-01	4, 5
Patient Therapy Record (CCS form. MC 2946 is a single sheet of bond paper and MC 2946 NCR is a two-part NCR form.)	MC 2946	English	9-01	4, 5
	MC 2946 NCR	English	9-01	5
Pay-To Address Change	DHS 6129	English	1-00	4
PM 160 Dental Guide	None	English	5-03	4
Preventing Baby Bottle Tooth Decay (Flipchart for health care providers to educate families about preventing early childhood caries.)	PUB 6	English/Spanish	1998	5
Provider Forms Reorder Request for CHDP (For use by local CHDP programs only.)	None	English	No Date Given	10
Release of Franchise Tax Board Information, Form 2 (CCS form on three-part NCR paper.)	MC 2701	English	2-01	5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
Report of Health Examination for School Entry	PM 171 A	English/Spanish	3-03	4, 5
Six-Part Dividers for CCS Case Records	PUB 8	English	No Date Given	5
Squeeze Out the Fat (11” x 17” poster)	PUB 350	Spanish	No Date Given	5
Squeeze Out the Fat (8 ½” x 11” flyer) (Note that some hardcopies of the Spanish version incorrectly identify it as PUB 351. The correct number for the Spanish version is PUB 287.)	PUB 57	English	No Date Given	5
	PUB 287	Spanish	No Date Given	4, 5
Stop the Spread of Tooth Decay Brochure	PUB 112	English	No Date Given	5
	PUB 113	Spanish	No Date Given	5
Stop the Spread of Tooth Decay Poster	PUB 115	English	No Date Given	5
	PUB 116	Spanish	No Date Given	5
Stretch Your Food Dollars: Prevent End-of-the-Month Food Shortages (Brochure that provides resources on food assistance and recipes.)	PUB 348	English	12-97	5
	PUB 349	Spanish	12-97	5
Waiver of Health Examination for School Entry	PM 171 B	English/Spanish	3-03	4, 5
What Does Your Child Eat? (Nutrition evaluation form for CHDP providers. For form instructions, see Nutrition Screening and Evaluation.)	DHS 4035 A BI	English/Spanish	6-00	4, 5
You Can Prevent Anemia (Flipchart for health care providers to educate families about ways to reduce iron deficiency.)	PUB 338	English/Hmong	12-97	5, 18
	PUB 339	English/Vietnamese	12-98	5, 18
	PUB 345	English/Spanish	12-98	5, 18
	PUB 381	English/Chinese	12-98	5, 18
You Can Prevent Iron Poisoning (12” x 17” poster with student artwork.)	PUB 167	English	6-05	5
	PUB 168	Spanish	6-05	5
Your Child Now Has Free Temporary Medi-Cal Health Coverage (Gateway Post-Visit Flyer)	None	English/Spanish	6-03	4, 15

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
Youth Nutrition and Activity Assessment, Ages 8-21 (CHDP form)	DHS 4466	English	12-01	4, 5

Inventory by Item Number

ITEM	TITLE	LANGUAGE	REVISED	GO TO PAGE...
91290 E	Medi-Cal/CHDP Envelope	English	No Date Given	10
DHS 2031	DHS Warehouse Order Forms	English	6-02	5
DHS 4014	California Children's Services Medical Report	English	8-01	4, 5
DHS 4015 N	Patient History Transaction Form	English	8-01	5
DHS 4015 U	Patient History Transaction Form	English	8-01	4, 5
DHS 4027	Consent for Medical Therapy Program Services	English	11-01	4, 5
DHS 4035 A BI	What Does Your Child Eat?	English/Spanish	6-00	4, 5
DHS 4035 A-INST	Nutrition Screening and Evaluation (Instructions for DHS 4035-A)	English	6-00	4, 5
DHS 4073	CHDP Eligibility Information	Cambodian	9-90	10
DHS 4073	CHDP Eligibility Information	Chinese	9-90	10
DHS 4073	CHDP Eligibility Information	Eastern Armenian	9-90	10
DHS 4073	CHDP Eligibility Information	English/Hmong	9-90	10
DHS 4073	CHDP Eligibility Information	Lao	9-90	10
DHS 4073	CHDP Eligibility Information	Vietnamese	9-90	10
DHS 4073	CHDP Pre-Enrollment Application	Armenian	7-03	4, 10
DHS 4073	CHDP Pre-Enrollment Application	Cambodian	7-03	4, 10
DHS 4073	CHDP Pre-Enrollment Application	Chinese	7-03	4, 10
DHS 4073	CHDP Pre-Enrollment Application	English	7-03	4, 10

ITEM	TITLE	LANGUAGE	REVISED	GO TO PAGE...
DHS 4073	CHDP Pre-Enrollment Application	Farsi	7-03	4, 10
DHS 4073	CHDP Pre-Enrollment Application	Hmong	7-03	4, 10
DHS 4073	CHDP Pre-Enrollment Application	Korean	7-03	4, 10
DHS 4073	CHDP Pre-Enrollment Application	Lao	7-03	4, 10
DHS 4073	CHDP Pre-Enrollment Application	Russian	7-03	4, 10
DHS 4073	CHDP Pre-Enrollment Application	Spanish	7-03	4, 10
DHS 4073	CHDP Pre-Enrollment Application	Vietnamese	7-03	4, 10
DHS 4073 ENG/SP	CHDP Eligibility Information	English/Spanish	2-02	4, 10
DHS 4087	Master Index Rejection Notice	English	8-01	4
DHS 4098	Medical Therapy Program Therapy Assessment Plan	English	4-02	4, 5
DHS 4505	CCS Medical Therapy Plan	English	8-03	4
DHS 4431	CHDP Telecommunications Provider and Biller Application/Agreement	English	8-01	4
DHS 4466	Youth Nutrition and Activity Assessment, Ages 8-21	English	12-01	4, 5
DHS 4480	Application to Determine CCS Program Eligibility	English	6-03	4
DHS 4480 SP	Application to Determine CCS Program Eligibility	Spanish	6-03	4
DHS 4483	Order Form for Customized CHDP Materials	English	8-03	4
DHS 4484	Child Health Care Access Problem Identification	English	7-02	4
DHS 4490	CHDP Health Assessment Provider Application	English	2-03	4
DHS 4491	CHDP Health Assessment Provider Program Agreement	English	2-03	4

ITEM	TITLE	LANGUAGE	REVISED	GO TO PAGE...
DHS 4492	Medical Record Review Tool	English	2-03	4
DHS 4493	Facility Review Tool	English	2-03	4
DHS 4494	Facility Scoring Summary Sheet	English	1-03	4
DHS 4502	CHDP Laboratory Provider Application	English	2-03	4
DHS 4503	CHDP Laboratory Provider Program Agreement	English	3-03	4
DHS 6129	Pay-To Address Change	English	1-00	4
MC 2113 P	Medical Therapy Unit Summary	English	9-01	4, 5
MC 2142	California Children's Services Face Sheet	English	2-00	5
MC 2213	Financial Card	English	2-01	4, 5
MC 2320	Narrative Sheet	English	8-01	4, 5
MC 2600	Health Insurance Information	English	10-01	4, 5
MC 2600 SP	Health Insurance Information	Spanish	10-01	4, 5
MC 2701	Release of Franchise Tax Board Information (Form 2)	English	2-01	5
MC 2946	Patient Therapy Record	English	9-01	4, 5
MC 2946 NCR	Patient Therapy Record	English	9-01	5
MC 330	Newborn Referral Form	English	Unknown	5
MC 330 SP	Newborn Referral Form	Spanish	Unknown	5
None	CHDP Provider Manual (Formerly PUB 157 and PM 160 INS)	English	Current	4, 13
None	Genetically Handicapped Persons Program	English	7-00	4

ITEM	TITLE	LANGUAGE	REVISED	GO TO PAGE...
None	Growing Up Healthy, 10-12 Months	Vietnamese	No Date Given	4
None	Growing Up Healthy, 13-15 Months	Vietnamese	No Date Given	4
None	Growing Up Healthy, 13-16 Years	Vietnamese	No Date Given	4
None	Growing Up Healthy, 16-23 Months	Vietnamese	No Date Given	4
None	Growing Up Healthy, 17-20 Years	Vietnamese	No Date Given	4
None	Growing Up Healthy, 2 Years	Vietnamese	No Date Given	4
None	Growing Up Healthy, 3 Years	Vietnamese	No Date Given	4
None	Growing Up Healthy, 3-4 Months	Vietnamese	No Date Given	4
None	Growing Up Healthy, 4-5 Years	Vietnamese	No Date Given	4
None	Growing Up Healthy, 5-6 Months	Vietnamese	No Date Given	4
None	Growing Up Healthy, 6-8 Years	Vietnamese	No Date Given	4
None	Growing Up Healthy, 7-9 Months	Vietnamese	No Date Given	4
None	Growing Up Healthy, 9-12 Years	Vietnamese	No Date Given	4
None	Growing Up Healthy, Birth-2 Months	Vietnamese	No Date Given	4
None	Healthy Foods for Children Ages 6 to 10	English	4-02	4
None	Healthy Foods for Children Ages 6 to 10	Spanish	4-02	4
None	Medical and Dental Health Check-Ups	Armenian	1-98	15
None	Medical and Dental Health Check-Ups	Cambodian	1-98	15
None	Medical and Dental Health Check-Ups	Chinese	1-98	15

ITEM	TITLE	LANGUAGE	REVISED	GO TO PAGE...
None	Medical and Dental Health Check-Ups	English	1-98	15
None	Medical and Dental Health Check-Ups	Farsi	1-98	15
None	Medical and Dental Health Check-Ups	Hmong	1-98	15
None	Medical and Dental Health Check-Ups	Lao	1-98	15
None	Medical and Dental Health Check-Ups	Russian	1-98	15
None	Medical and Dental Health Check-Ups	Spanish	1-98	15
None	Medical and Dental Health Check-Ups	Vietnamese	1-98	15
None	PM 160 Dental Guide	English	5-03	4
None	Provider Forms Reorder Request for CHDP	English	No Date Given	10
None	Your Child Now Has Free Temporary Medi-Cal Health Coverage (CHDP Gateway Post-Visit Flyer)	English/Spanish	6-03	4, 15
PM 160	Confidential Screening/Billing Report	English	9-01	10
PM 160 HSP	Confidential Screening/Billing Report (Head Start/State Preschool)	English	9-01	10
PM 160 INFO	Confidential Screening/Billing Report (Information Only)	English	9-01	10
PM 161	Confidential Referral/Follow-Up Report	English	4-03	4, 5
PM 171 A	Report of Health Examination for School Entry	English/Spanish	3-03	4, 5
PM 171 B	Waiver of Health Examination for School Entry	English/Spanish	3-03	4, 5
PM 177	CHDP Provider Data Sheet	English	2-03	4, 10
PM 211 BI	CHDP Consent Form	English/Spanish	3-03	4, 5
PM 272	CHDP Annual School Report	English	12-01	4

ITEM	TITLE	LANGUAGE	REVISED	GO TO PAGE...
PM 357	CHDP Referral Form	English	6-99	5
PUB 4	California Children's Services Brochure	English	5-03	4, 5
PUB 6	Preventing Baby Bottle Tooth Decay Flipchart	English/Spanish	1998	5
PUB 7	Nine-Part Dividers for Medical Therapy Unit (MTU) Records	English	No Date Given	5
PUB 8	Six-Part Dividers for CCS Case Records	English	No Date Given	5
PUB 12	California Statewide Guidelines for Public Health Nurses in Child Welfare Services	English	5-99	4, 5
PUB 20	Free Health Check-Ups	English	No Date Given	5
PUB 46	Food Tips to Help Protect Your Child From Lead Poisoning Ages 1 to 6	English/Spanish	1992	5
PUB 57	Squeeze Out the Fat (8 ½" x 11" flyer)	English	No Date Given	5
PUB 108	CHDP School Handbook	English	10-02	4, 5
PUB 109	Go, Glow, Grow Foods for You	English	4-96	5
PUB 110	Go, Glow, Grow Foods for You	Spanish	4-96	5
PUB 112	Stop the Spread of Tooth Decay Brochure	English	No Date Given	5
PUB 113	Stop the Spread of Tooth Decay Brochure	Spanish	No Date Given	5
PUB 115	Stop the Spread of Tooth Decay Poster	English	No Date Given	5
PUB 116	Stop the Spread of Tooth Decay Poster	Spanish	No Date Given	5
PUB 120	DHS Warehouse Forms and Publications Inventory Catalog	English	1-03	5
PUB 135	California Children's Services Brochure	Spanish	5-03	4, 5
PUB 139	Important Information about the CHDP Gateway to Health Coverage (Gateway Pre-Visit Flyer)	English/Spanish	5-03	4, 5

ITEM	TITLE	LANGUAGE	REVISED	GO TO PAGE...
PUB 141	A Preventive Health Program for Infants, Children, and Teens	English	11-01	4, 5
PUB 156	Health Assessment Guidelines	English	2-97	4, 5
PUB 167	You Can Prevent Iron Poisoning	English	6-05	5
PUB 168	You Can Prevent Iron Poisoning	Spanish	6-05	5
PUB 169	Eat Foods High in Iron for Strong Blood	English	4-95	5
PUB 170	Eat Foods High in Iron for Strong Blood	Spanish	4-95	5
PUB 171	Food, Activity, and You: A Guide for Better Health and Fitness	Spanish	4-02	5
PUB 175	Children and Weight: What Families Can Do	English/Spanish	No Date Given	5, 18
PUB 176	Food, Activity, and You: A Guide for Better Health and Fitness	English	5-02	5
PUB 208	Connecting Points for Children's Health Programs in California: Access and Eligibility	English	6-05	5, 18
PUB 211	How to Prevent Baby Bottle Tooth Decay	English	2-97	5
PUB 212	How to Prevent Baby Bottle Tooth Decay	Spanish	2-97	5
PUB 214	How to Prevent Baby Bottle Tooth Decay	Chinese	2-97	5
PUB 215	How to Prevent Baby Bottle Tooth Decay	Hmong	2-97	5
PUB 216	How to Prevent Baby Bottle Tooth Decay	Vietnamese	2-97	5
PUB 217	How to Prevent Baby Bottle Tooth Decay	Cambodian	2-97	5
PUB 250	Growing Up Healthy, Birth-2 Months	English	8-97	4, 5
PUB 251	Growing Up Healthy, Birth-2 Months	Spanish	8-97	4, 5
PUB 252	Growing Up Healthy, 3-4 Months	English	8-97	4, 5

ITEM	TITLE	LANGUAGE	REVISED	GO TO PAGE...
PUB 253	Growing Up Healthy, 3-4 Months	Spanish	8-97	4, 5
PUB 254	Growing Up Healthy, 5-6 Months	English	8-97	4, 5
PUB 255	Growing Up Healthy, 5-6 Months	Spanish	8-97	4, 5
PUB 256	Growing Up Healthy, 7-9 Months	English	8-97	4, 5
PUB 257	Growing Up Healthy, 7-9 Months	Spanish	8-97	4, 5
PUB 258	Growing Up Healthy, 10-12 Months	English	8-97	4, 5
PUB 259	Growing Up Healthy, 10-12 Months	Spanish	8-97	4, 5
PUB 260	Growing Up Healthy, 13-15 Months	English	8-02	4, 5
PUB 261	Growing Up Healthy, 13-15 Months	Spanish	8-02	4, 5
PUB 262	Growing Up Healthy, 16-23 Months	English	8-02	4, 5
PUB 263	Growing Up Healthy, 16-23 Months	Spanish	8-02	4, 5
PUB 264	Growing Up Healthy, 2 Years	English	8-97	4, 5
PUB 265	Growing Up Healthy, 2 Years	Spanish	8-97	4, 5
PUB 266	Growing Up Healthy, 3 Years	English	8-97	4, 5
PUB 267	Growing Up Healthy, 3 Years	Spanish	8-97	4, 5
PUB 268	Growing Up Healthy, 4-5 Years	English	8-97	4, 5
PUB 269	Growing Up Healthy, 4-5 Years	Spanish	8-97	4, 5
PUB 270	Growing Up Healthy, 6-8 Years	English	8-97	4, 5
PUB 273	Growing Up Healthy, 6-8 Years	Spanish	8-97	4, 5

ITEM	TITLE	LANGUAGE	REVISED	GO TO PAGE...
PUB 274	Growing Up Healthy, 9-12 Years	English	8-97	4, 5
PUB 275	Growing Up Healthy, 9-12 Years	Spanish	8-97	4, 5
PUB 276	Growing Up Healthy, 13-16 Years	English	8-97	4, 5
PUB 277	Growing Up Healthy, 13-16 Years	Spanish	8-97	4, 5
PUB 278	Growing Up Healthy, 17-20 Years	English	8-97	5
PUB 279	Growing Up Healthy, 17-20 Years	Spanish	8-97	4, 5
PUB 284	Growing Up Healthy (Camera Ready Series)	English	8-97	4, 5
PUB 285	Growing Up Healthy (Camera Ready Series)	Spanish	8-97	4, 5
PUB 287	Squeeze Out the Fat	Spanish	No Date Given	4, 5
PUB 300	Eat Foods High in Iron for Strong Blood	Cambodian	4-95	5
PUB 301	Eat Foods High in Iron for Strong Blood	Chinese	4-95	5
PUB 302	Eat Foods High in Iron for Strong Blood	Hmong	4-95	5
PUB 304	Eat Foods High in Iron for Strong Blood	Russian	3-97	5
PUB 305	Eat Foods High in Iron for Strong Blood	Vietnamese	4-95	5
PUB 338	You Can Prevent Anemia	English/Hmong	12-97	5, 18
PUB 339	You Can Prevent Anemia	English/Vietnamese	12-98	5, 18
PUB 345	You Can Prevent Anemia	English/Spanish	12-98	5, 18
PUB 346	Help Your Toddler Reach a Healthy Weight	English	9-97	5
PUB 347	Help Your Toddler Reach a Healthy Weight	Spanish	9-97	5

ITEM	TITLE	LANGUAGE	REVISED	GO TO PAGE...
PUB 348	Stretch Your Food Dollars: Prevent End-of-the-Month Food Shortages	English	12-97	5
PUB 349	Stretch Your Food Dollars: Prevent End-of-the-Month Food Shortages	Spanish	12-97	5
PUB 350	Squeeze Out the Fat (11” x 17” Poster)	Spanish	No Date Given	5
PUB 381	You Can Prevent Anemia	English/Chinese	12-98	5, 18
PUB 382	My Health Check-Up Coloring Book	English/Spanish	6-94	5
PUB 387	Family Handbook: What Parents Should Know About CCS	English	6-99	5
PUB 388	Family Handbook: What Parents Should Know About CCS	Spanish	6-99	5
PUB 812	Newborn Hearing Screening Program	English	3-00	4, 14

INVENTORY BY PROGRAM AND ITEM CATEGORY

California Children's Services
- Client Information
- Forms
- Index Dividers

Child Health and Disability Prevention Program
- Anticipatory Guidance
- Client Information
- Dental Health
- Forms
- Iron Deficiency and Poisoning
- Lead Poisoning
- Nutrition and Weight
- Program Information
- Provider Information and Standards

Children's Medical Services
- Miscellaneous

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
CALIFORNIA CHILDREN'S SERVICES - CLIENT INFORMATION				
California Children's Services Brochure	PUB 4	English	5-03	4, 5
	PUB 135	Spanish	5-03	4, 5
Family Handbook: What Parents Should Know About CCS	PUB 387	English	6-99	5
	PUB 388	Spanish	6-99	5
CALIFORNIA CHILDREN'S SERVICES - FORMS				
Application to Determine CCS Program Eligibility	DHS 4480	English	6-03	4
	DHS 4480 SP	Spanish	6-03	4
California Children's Services Face Sheet	MC 2142	English	2-00	5
California Children's Services Medical Report	DHS 4014	English	8-01	4, 5
CCS Medical Therapy Plan	DHS 4505	English	8-03	4
Consent for Medical Therapy Program Services	DHS 4027	English	11-01	4, 5
Financial Card	MC 2213	English	2-01	4, 5
Health Insurance Information	MC 2600	English	10-01	4, 5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
	MC 2600 SP	Spanish	10-01	4, 5
Master Index Rejection Notice	DHS 4087	English	8-01	4
Medical Therapy Program Therapy Assessment Plan	DHS 4098	English	4-02	4, 5
Medical Therapy Unit Summary	MC 2113 P	English	9-01	4, 5
Narrative Sheet	MC 2320	English	8-01	4, 5
Patient History Transaction Form	DHS 4015 N	English	8-01	5
	DHS 4015 U	English	8-01	4, 5
Patient Therapy Record	MC 2946	English	9-01	4, 5
	MC 2946 NCR	English	9-01	5
Pay-To Address Change	DHS 6129	English	1-00	4
Release of Franchise Tax Board Information (Form 2)	MC 2701	English	2-01	5
CALIFORNIA CHILDREN'S SERVICES - INDEX DIVIDERS				
Nine-Part Dividers for Medical Therapy Unit (MTU) Records	PUB 7	English	No Date Given	5
Six-Part Dividers for CCS Case Records	PUB 8	English	No Date Given	5
CHILD HEALTH & DISABILITY PREVENTION - ANTICIPATORY GUIDANCE				
Growing Up Healthy (Camera Ready Series)	PUB 284	English	8-97	4, 5
	PUB 285	Spanish	8-97	4, 5
Growing Up Healthy, Birth-2 Months	None	Vietnamese	No Date Given	4
	PUB 250	English	8-97	4, 5
	PUB 251	Spanish	8-97	4, 5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
Growing Up Healthy, 3-4 Months	None	Vietnamese	No Date Given	4
	PUB 252	English	8-97	4, 5
	PUB 253	Spanish	8-97	4, 5
Growing Up Healthy, 5-6 Months	None	Vietnamese	No Date Given	4
	PUB 254	English	8-97	4, 5
	PUB 255	Spanish	8-97	4, 5
Growing Up Healthy, 7-9 Months	None	Vietnamese	No Date Given	4
	PUB 256	English	8-97	4, 5
	PUB 257	Spanish	8-97	4, 5
Growing Up Healthy, 10-12 Months	None	Vietnamese	No Date Given	4
	PUB 258	English	8-97	4, 5
	PUB 259	Spanish	8-97	4, 5
Growing Up Healthy, 13-15 Months	None	Vietnamese	No Date Given	4
	PUB 260	English	8-02	4, 5
	PUB 261	Spanish	8-02	4, 5
Growing Up Healthy, 16-23 Months	None	Vietnamese	No Date Given	4
	PUB 262	English	8-02	4, 5
	PUB 263	Spanish	8-02	4, 5
Growing Up Healthy, 2 Years	None	Vietnamese	No Date Given	4
	PUB 264	English	8-97	4, 5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
	PUB 265	Spanish	8-97	4, 5
Growing Up Healthy, 3 Years	None	Vietnamese	No Date Given	4
	PUB 266	English	8-97	4, 5
	PUB 267	Spanish	8-97	4, 5
Growing Up Healthy, 4-5 Years	None	Vietnamese	No Date Given	4
	PUB 268	English	8-97	4, 5
	PUB 269	Spanish	8-97	4, 5
Growing Up Healthy, 6-8 Years	None	Vietnamese	No Date Given	4
	PUB 270	English	8-97	4, 5
	PUB 273	Spanish	8-97	4, 5
Growing Up Healthy, 9-12 Years	None	Vietnamese	No Date Given	4
	PUB 274	English	8-97	4, 5
	PUB 275	Spanish	8-97	4, 5
Growing Up Healthy, 13-16 Years	None	Vietnamese	No Date Given	4
	PUB 276	English	8-97	4, 5
	PUB 277	Spanish	8-97	4, 5
Growing Up Healthy, 17-20 Years	None	Vietnamese	No Date Given	4
	PUB 278	English	8-97	4, 5
	PUB 279	Spanish	8-97	4, 5
CHILD HEALTH & DISABILITY PREVENTION - CLIENT INFORMATION				

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
Free Health Check-Ups	PUB 20	English	No Date Given	5
Important Information about the CHDP Gateway to Health Coverage (Gateway Pre-Visit Flyer)	PUB 139	English/Spanish	5-03	4, 5
Medical and Dental Health Check-Ups	None	Armenian	1-98	15
	None	Cambodian	1-98	15
	None	Chinese	1-98	15
	None	English	1-98	15
	None	Farsi	1-98	15
	None	Hmong	1-98	15
	None	Lao	1-98	15
	None	Russian	1-98	15
	None	Spanish	1-98	15
	None	Vietnamese	1-98	15
My Health Check-Up Coloring Book	PUB 382	English/Spanish	6-94	5
Order Form for Customized CHDP Materials	DHS 4483	English	8-03	4
Your Child Now Has Free Temporary Medi-Cal Health Coverage (Gateway Post-Visit Flyer)	None	English/Spanish	6-03	4, 15
CHILD HEALTH & DISABILITY PREVENTION - DENTAL HEALTH				
How to Prevent Baby Bottle Tooth Decay	PUB 211	English	2-97	5
	PUB 212	Spanish	2-97	5
	PUB 214	Chinese	2-97	5
	PUB 215	Hmong	2-97	5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
	PUB 216	Vietnamese	2-97	5
	PUB 217	Cambodian	2-97	5
PM 160 Dental Guide	None	English	5-03	4
Preventing Baby Bottle Tooth Decay Flipchart	PUB 6	English/Spanish	1998	5
Stop the Spread of Tooth Decay Brochure	PUB 112	English	No Date Given	5
	PUB 113	Spanish	No Date Given	5
Stop the Spread of Tooth Decay Poster	PUB 115	English	No Date Given	5
	PUB 116	Spanish	No Date Given	5
CHILD HEALTH & DISABILITY PREVENTION - FORMS				
CHDP Annual School Report	PM 272	English	12-01	4
CHDP Consent Form	PM 211 BI	English/Spanish	3-03	4, 5
CHDP Eligibility Information	DHS 4073	Cambodian	9-90	10
	DHS 4073	Chinese	9-90	10
	DHS 4073	Eastern Armenian	9-90	10
	DHS 4073	English/Hmong	9-90	10
	DHS 4073	Lao	9-90	10
	DHS 4073	Vietnamese	9-90	10
	DHS 4073 ENG/SP	English/Spanish	2-02	4, 10
CHDP Pre-Enrollment Application	DHS 4073	Armenian	7-03	4, 10
	DHS 4073	Cambodian	7-03	4, 10

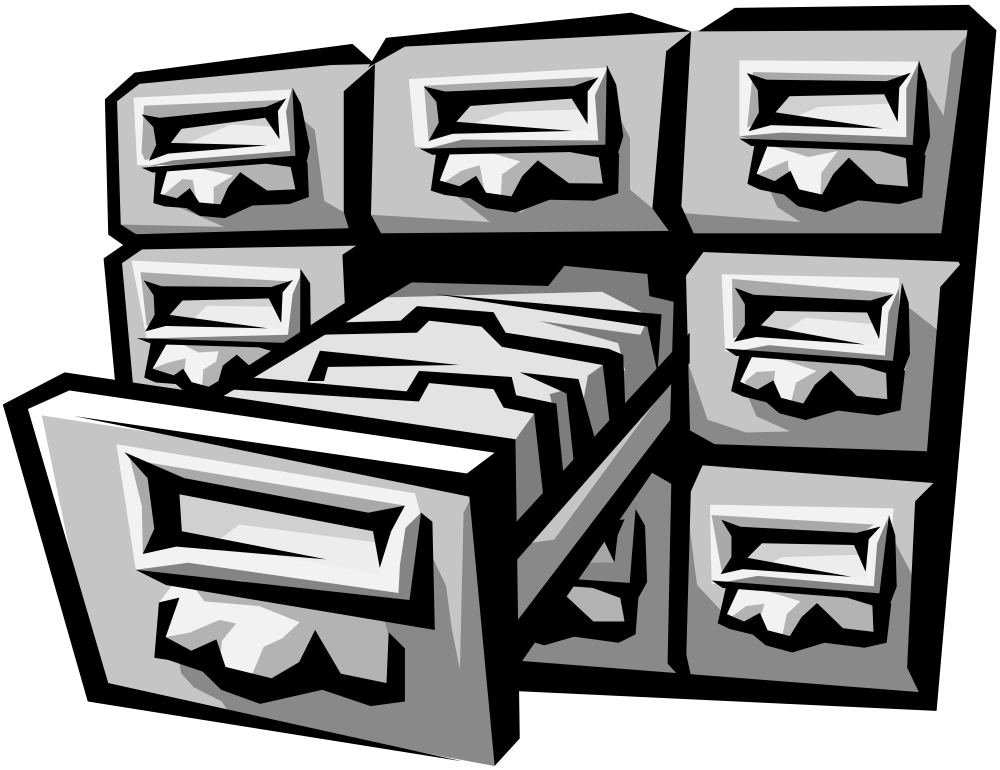
TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
	DHS 4073	Chinese	7-03	4, 10
	DHS 4073	English	7-03	4, 10
	DHS 4073	Farsi	7-03	4, 10
	DHS 4073	Hmong	7-03	4, 10
	DHS 4073	Korean	7-03	4, 10
	DHS 4073	Lao	7-03	4, 10
	DHS 4073	Russian	7-03	4, 10
	DHS 4073	Spanish	7-03	4, 10
	DHS 4073	Vietnamese	7-03	4, 10
CHDP Provider Data Sheet	PM 177	English	2-03	4, 10
CHDP Referral Form	PM 357	English	6-99	5
CHDP Telecommunications Provider and Biller Application/Agreement	DHS 4431	English	8-01	4
Child Health Care Access Problem Identification	DHS 4484	English	7-02	4
Confidential Referral/Follow-Up Report	PM 161	English	4-03	4, 5
Confidential Screening/Billing Report	PM 160	English	9-01	10
Confidential Screening/Billing Report (Head Start/State Preschool)	PM 160 HSP	English	9-01	10
Confidential Screening/Billing Report (Information Only)	PM 160 INFO	English	9-01	10
Medi-Cal/CHDP Envelope	91290 E	English	No Date Given	10
Newborn Referral Form	MC 330	English	Unknown	5
	MC 330 SP	Spanish	Unknown	5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
Provider Forms Reorder Request for CHDP	None	English	No Date Given	10
Report of Health Examination for School Entry	PM 171 A	English/Spanish	3-03	4, 5
Waiver of Health Examination for School Entry	PM 171 B	English/Spanish	3-03	4, 5
CHILD HEALTH & DISABILITY PREVENTION - IRON DEFICIENCY AND POISONING				
Eat Foods High in Iron for Strong Blood	PUB 169	English	4-95	5
	PUB 170	Spanish	4-95	5
	PUB 300	Cambodian	4-95	5
	PUB 301	Chinese	4-95	5
	PUB 302	Hmong	4-95	5
	PUB 304	Russian	3-97	5
	PUB 305	Vietnamese	4-95	5
You Can Prevent Anemia Flipchart	PUB 338	English/Hmong	12-97	5, 18
	PUB 339	English/Vietnamese	12-98	5, 18
	PUB 345	English/Spanish	12-98	5, 18
	PUB 381	English/Chinese	12-98	5, 18
You Can Prevent Iron Poisoning Poster	PUB 167	English	6-05	5
	PUB 168	Spanish	6-05	5
See also Women, Infant, and Children (WIC) Supplemental Nutrition Branch Warehouse				18
CHILD HEALTH & DISABILITY PREVENTION - LEAD POISONING				
Food Tips to Help Protect Your Child From Lead Poisoning Ages 1 to 6	PUB 46	English/Spanish	1992	5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
See also Childhood Lead Poisoning Prevention Branch (CLPP), California DHS				53
CHILD HEALTH & DISABILITY PREVENTION - NUTRITION AND WEIGHT				
Children and Weight: What Families Can Do	PUB 175	English/Spanish	No Date Given	5, 18
Food, Activity, and You: A Guide for Better Health and Fitness	PUB 171	Spanish	4-02	5
Food, Activity, and You: A Guide for Better Health and Fitness	PUB 176	English	5-02	5
Go, Glow, Grow Foods for You	PUB 109	English	4-96	5
Go, Glow, Grow Foods for You	PUB 110	Spanish	4-96	5
Healthy Foods for Children Ages 6 to 10	None	English	4-02	4
Healthy Foods for Children Ages 6 to 10	None	Spanish	4-02	4
Help Your Toddler Reach a Healthy Weight	PUB 346	English	9-97	5
Help Your Toddler Reach a Healthy Weight	PUB 347	Spanish	9-97	5
Nutrition Screening and Evaluation (Instructions for DHS 4035-A)	DHS 4035 A-INST	English	6-00	4, 5
Squeeze Out the Fat (11” x 17” Poster)	PUB 350	Spanish	No Date Given	5
Squeeze Out the Fat (8 ½” x 11” flyer)	PUB 57	English	No Date Given	5
	PUB 287	Spanish	No Date Given	4, 5
Stretch Your Food Dollars: Prevent End-of-the-Month Food Shortages	PUB 348	English	12-97	5
	PUB 349	Spanish	12-97	5
What Does Your Child Eat?	DHS 4035 A BI	English/Spanish	6-00	4, 5
Youth Nutrition and Activity Assessment, Ages 8-21	DHS 4466	English	12-01	4, 5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
See also Women, Infant, and Children (WIC) Supplemental Nutrition Branch Warehouse				18
CHILD HEALTH & DISABILITY PREVENTION - PROGRAM MATERIALS				
California Statewide Guidelines for Public Health Nurses in Child Welfare Services	PUB 12	English	5-99	4, 5
CHDP School Handbook	PUB 108	English	10-02	4, 5
CHILD HEALTH & DISABILITY PREVENTION - PROVIDER INFORMATION AND STANDARDS				
A Preventive Health Program for Infants, Children, and Teens	PUB 141	English	11-01	4, 5
CHDP Health Assessment Provider Application	DHS 4490	English	2-03	4
CHDP Health Assessment Provider Program Agreement	DHS 4491	English	2-03	4
CHDP Laboratory Provider Application	DHS 4502	English	2-03	4
CHDP Laboratory Provider Program Agreement	DHS 4503	English	3-03	4
CHDP Provider Manual (Formerly PUB 157 and PM 160 INS)	None	English	Current	4, 13
Facility Review Tool	DHS 4493	English	2-03	4
Facility Scoring Summary Sheet	DHS 4494	English	1-03	4
Health Assessment Guidelines	PUB 156	English	2-97	4, 5
Medical Record Review Tool	DHS 4492	English	2-03	4
CHILDREN"S MEDICAL SERVICES – MISCELLOUSNES				
Connecting Points for Children's Health Programs in California: Access and Eligibility	PUB 208	English	6-05	5, 18
DHS Warehouse Forms and Publications Inventory Catalog	PUB 120	English	1-03	5
DHS Warehouse Order Forms	DHS 2031	English	6-02	5

TITLE	ITEM	LANGUAGE	REVISED	GO TO PAGE...
Genetically Handicapped Persons Program Brochure	None	English	7-00	4
Newborn Hearing Screening Program Brochure	PUB 812	English	3-00	4, 14



Additional Resources

Additional Resources

This section provides additional sources of educational and outreach materials with topics most relevant to CCS and CHDP programs. The list is not all-inclusive and should not be viewed as an endorsement by the CMS Branch.

California Birth Defects Monitoring Program (CBDMP)

CBDMP is devoted to finding the causes of birth defects. CBDMP maintains a registry of babies born with a complex birth defects, conducts large interview studies to gather information about factors which may be associated with birth defects, monitors rates and trends, and responds to community concerns about birth defects and the environment.

As part of their mission, CBDMP disseminates brochures, fact sheets, posters, videos, and research studies about birth defects. To access CBDMP materials, go to www.cbdmp.org and click on *Information on Selected Birth Defects* or *Program Publications*. Most CBDMP materials can be printed from the website. Other items can be ordered by calling CBDMP at 888-898-2229.

California Center for Childhood Injury Prevention (CCCIP)

CCCIP serves as a resource center on child and adolescent injury prevention strategies. CCCIP's primary mission is to reduce the frequency, severity, and cost of child and adolescent injuries by assisting public health agencies to incorporate injury prevention strategies into their efforts to improve the health and safety of young people.

Camera ready copies of *Be Safe Not Sorry: Safety Tip Sheets for Parents with Children from Birth to Age 20* and *Play It Safe - Play It Smart: Safety Tip Sheets for Adolescents 9 to 20* can be printed from the CCCIP website. To access them, go to www.cccip.org, click on *CCCIP Publications*, and then click on *Safety Sheets*.

California Connections

California Connections seeks to improve access to primary and preventive health services for children with special needs. They provide training and educational resources for providers and parents on topics such as dental health, mental health, nutrition, and family support. For prices and ordering information go to www.uscuap.org or call 323-671-3830.

Cancer Prevention and Nutrition Section (CPNS), California DHS

CPNS was established in 1986 to develop technical capacity for implementing large-scale dietary improvement measures. Its activities include the development of the *Five a Day for Better Health!* Campaign and the Sun Cancer Prevention Program.

To access CPNS materials, go to www.dhs.ca.gov/cpns and click on *CNPS Resources*. Select one of the campaigns: California Five a Day, Nutrition Network, Skin Cancer Prevention, Women's Five a Day, Latino Five a Day, or Power Play! If you do not have Internet access, call CNPS at 888-328-3483 or 916-323-0594.

Childhood Lead Poisoning Prevention Branch (CLPP), California DHS

To obtain educational materials on the effects of lead poisoning and prevention measures, local CHDP programs should contact their local CLPP program. The CLPP program will help to identify available materials from the CLPP Branch. Local CLPP program contacts can be found at www.dhs.ca.gov/childlead/html/POclpppC.html.

Department of Alcohol and Drug Programs (ADP)

ADP works to prevent and reduce substance abuse in California. ADP provides leadership and coordination in the planning and implementation of a statewide substance abuse prevention and treatment system.

ADP provides brochures, posters, technical manuals, and videos to government agencies, community organizations, treatment programs, and the general public. To access ADP materials, go to www.adp.ca.gov and click on *Resource Center*. From this page, there are links to the ADP's clearinghouse and lending library. Many of these items are available at no charge.

If you do not have Internet access, call 800-879-2772 or 916-327-3728.

Family Voices of California

Family Voices of California is a statewide grassroots network of families and friends speaking on behalf of children with special health care needs. The group is involved in several projects and works in partnership with agencies, advocates, and other professionals concerned with addressing the needs of families of children with special health care needs. Resource and networking materials can be found at http://familyvoicesofca.org.

Family Violence Prevention Fund (FVPF)

FVPF works to end domestic violence and help women and children whose lives are devastated by abuse. FVPF is a national non-profit organization committed to mobilizing health care professionals, law enforcement agencies, and community and advocacy groups to work to prevent family violence through public education campaigns, public policy reform, model training, and advocacy programs.

To purchase brochures, buttons, posters, and other materials, go to http://endabuse.org and click on *FVPF Store*. If you do not have Internet access, call FVPF at 415-252-8089.

Immunization Branch, California DHS

The Immunization Branch provides leadership and support to public and private sector efforts to protect the population against vaccine-preventable diseases. Educational materials and forms (e.g., California School Immunization Record, PM 286) can be printed from their website at www.dhs.ca.gov/ps/dcdc/izgroup.

To order hardcopies of materials or forms, contact your local immunization program coordinator. Click on *Local Health Department Listing* to find your city or county coordinators.

March of Dimes

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects and infant mortality. Founded in 1938, the March of Dimes funds programs for research, community services, education, and advocacy to save babies.

To purchase March of Dimes materials, go to www.modimes.org, click on *Health Library*, and then click on *Product Catalog*. If you do not have Internet access, call the March of Dimes at 888-663-4637 (general) or 800-367-6630 (orders).

National Information Center for Children and Youth with Disabilities (NICHCY)

NICHCY is a national organization that provides information on disabilities and disability-related issues for families, educators, and other professionals. NICHCY focuses on people under age 22.

To print NICHCY brochures, fact sheets, and posters, go to www.nichcy.org and click on *Publications*. If you do not have Internet access, contact the NICHCY at 800-695-0285 or 202-884-8200.

National Oral Health Information Clearinghouse (NOHIC)

NOHIC, a service of the National Institute of Dental and Craniofacial Research, helps meet the oral health information needs for special care patients. To obtain materials from NOHIC, go to www.nohic.nidcr.nih.gov and click on *Order Publications Online*. Most of their materials are free of charge. If you do not have Internet access, contact NOHIC at 301-402-7364.

Project LEAN, California DHS

Project LEAN's mission is to increase healthy eating and physical activity to reduce the prevalence of chronic diseases such as heart disease, cancer, stroke, osteoporosis, and diabetes. Project LEAN brochures, posters, and recipe cards can be viewed, printed, and/or purchased from the Internet. For more information, click on the *Consumer Materials* icon from their website at www.dhs.ca.gov/LEAN.