

# Moving Checklist



## As soon as you know when and where you are moving

- ☐ Contact your child's health insurance plan
- ☐ Ask all current health care providers to make referrals for new providers
- ☐ Contact phone company for phone book
- ☐ Contact local emergency medical service (EMS)
- ☐ Contact local school system
- ☐ Contact State Department of Education for information on Special Education
- ☐ Contact Chamber of Commerce for information about new community
- ☐ Visit the area, take pictures, and video tape, if possible
- ☐ Contact current medical equipment supplier
- ☐ Learn about religious and special interest organizations
- ☐ Locate pharmacy that accepts your health insurance
- ☐ Contact parent organizations and support groups
- ☐ Call another parent in the area

## Two weeks before moving

- ☐ Get new written prescriptions from your child's health care providers
- ☐ Contact new school again
- ☐ Send school reports
- ☐ Send (or have sent) medical records to new health care providers
- ☐ Notify electric company of moving date
- ☐ Call phone company and set up new phone number
- ☐ Call medical equipment supplier

## Two days before moving

- ☐ Refill prescriptions
- ☐ Make sure electricity has been turned on in new home
- ☐ Make sure phone is connected in new home
- ☐ Check supplies for trip
- ☐ Call new medical equipment supplier

## Have copies of

- ☐ Medical records
- ☐ School records
- ☐ IEPs, IFSPs, IHCPs, and other care plans
- ☐ Shot and immunization records
- ☐ List of medical supplies used
- ☐ Prescriptions
- ☐ Health insurance card
- ☐ Letter from PCP and specialty providers expelling child's condition

## New phone numbers

Hospital \_\_\_\_\_

Health care providers \_\_\_\_\_

Health insurance plan \_\_\_\_\_

EMS \_\_\_\_\_

Fire Department \_\_\_\_\_

Police Department \_\_\_\_\_

Electric Company \_\_\_\_\_

Phone Company \_\_\_\_\_

Gas/Oil Company \_\_\_\_\_

School \_\_\_\_\_

Parent Support Group/Organizations \_\_\_\_\_

State Department of Education \_\_\_\_\_

State Department of Health \_\_\_\_\_

Equipment Supplier \_\_\_\_\_

Pharmacy \_\_\_\_\_

House of Worship \_\_\_\_\_

Other \_\_\_\_\_

# Sample Letters



In this section, you will find sample letters you can use as a guide when you write to your community service providers. Change them for your own situation. Be sure to include your address, daytime phone number, and the date on all letters you write, and be sure to keep a copy of every letter you send. If your family's situation and/or needs change, send updates to these providers.

- ☐ To EMS, Police, and/or Fire Department written by parent/guardian
- ☐ To EMS written by Primary Care Provider
- ☐ To Electric Company written by Primary Care Provider
- ☐ To Gas Company written by Primary Care Provider
- ☐ Requesting Supplies for Incontinence written by Primary Care Provider
- ☐ Medical Necessity written by Primary Care Provide
- ☐ Medical Necessity for Formula and Nutritional Supplement written by Primary Care Provider

# Sample Letter 1



To EMS, Police, and/or Fire Department written by parent/guardian

Date:

From: Your Address, City, State, Zip

To: Company

Address

City, State, Zip

To Whom It May Concern,

This letter will introduce you to my fourteen-year-old son Daniel – “Danny” to his friends. My son is a wonderful young man who likes cats, Nintendo, and practical jokes. Danny has cerebral palsy, a seizure disorder, asthma, and a “Mickey” gastrostomy button. It is important for you to know some of these details in order for you to provide the best care possible in case of an emergency.

Danny’s bedroom is located on the first floor of our home (the second door on the left when you come through the front door). He uses a manual wheelchair for mobility and needs assistance with transfers. He is nonverbal and uses a ‘Touch Talker’ computer to communicate.

He is able to direct you to any pain or discomfort he is having. Danny has grand mal seizures which usually leave him with temporary weakness on his left side. If his seizure is strong, he sometimes loses consciousness. He also tends to have seizures when he spikes a temperature.

His asthma is usually controlled with medication and the use of his nebulizer, which makes electricity a priority in our home. Danny’s nutritional needs are met through his ‘G’ button. He uses an electric kangaroo pump.

I have enclosed a picture of Danny so you can put a face with this introduction. I am also sending a copy of his Emergency Information Form for Children with Special Needs. I encourage you to share this letter with fire fighters and EMTs in your station. I will also be sending this letter to the Police Department and local electric company.

We hope that Danny won’t need your services any time in the near future. But if he does, you now have a clearer picture of his basic needs. I will call you next week to see if you have any questions.

Thank you for your time and attention.

Sincerely,

(parent/guardian full name)

Danny’s Primary Care Provider \_\_\_\_\_

Hospital of choice \_\_\_\_\_

Danny’s Health Insurance Plan \_\_\_\_\_

# Sample Letter 2



To EMS, Police, and/or Fire Department written by Primary Care Provider  
(written on Primary Care Provider's stationery)

Date:

Company

Address

City, State, Zip

Re: Name of Child

DOB: Child's birth date

Parent/guardian: Parent/guardian full name

Phone: Your home phone number

To Whom It May Concern,

(Name of Child) is a (child's age) old child with (diagnoses) requiring continuous (type of care needed). Currently, (Name of Child) received (number of hours/week of skilled nursing in home with the parents assuming the responsibility for the remainder of his/her care.

(Name of Child) is at risk for recurrent respiratory distress and may require emergency medical treatment and/or resuscitation. The home is equipped with (type of equipment used). The parents have been trained in CPR. If the parents or the nurse on duty needs to resuscitate (Name of Child) and have difficulty, they will call for help. Therefore, if your department receives a call from this household, immediate response is critical. In the event of an emergency, (Name of Child) should be transported to (hospital of your choice) Emergency Room via local ambulance.

Most of (name of child)'s medical equipment requires electrical service and his medical condition requires daily medical treatment in the home. Therefore, it is critical that the electric company maintains electricity to this home.

Please place the name of this family on a 'Top Priority' list for restoration of electricity in the event of a power failure. It is urgent that the family is notified of arrangements for an emergency generator for power.

Please place the name of this family on a 'Top Priority' list for restoration of telephone services in the event of a telephone failure. It is very important to the future of this child that the family be protected by this 'First Respond' alert.

Sincerely,

(name of Primary Care Provider)

cc: Name and contact information for parent/guardian  
Town/City/Police and Fire Departments  
Electric/Gas/Oil/Telephone Companies  
Department of Public Works

# Sample Letter 3



To Electric Company written by Primary Care Provider  
(written on Primary Care Provider's stationery)

Date:

Company

Address

City, State, Zip

Re: Name of your child

DOB: Child's birth date

Parents/guardian: Parent/guardian full name

Phone: Your home phone number

To Whom It May Concern,

I am the primary care provider for (Name of Child), who lives at (address, city, zip). (Name of Child) is a child with special health needs who requires the use of (type of equipment used).

This equipment requires electricity to run. Failure to operate this equipment seriously jeopardizes my patient's health. Therefore, it is essential that this family's electricity remain turned on at all times.

Please call me or (name of individual) at (phone number) if you have any questions.

Thank you.

Sincerely,

(name of Primary Care Provider contact/company)

cc: (name of parent/guardian)

# Sample Letter 4



To Gas/Electric/Heating Oil, Phone, Cellular/Page Company written by Primary Care Provider  
(written on Primary Care Provider's stationery)

Date:

Company

Address

City, State, Zip

Re: Parent's Name

Address:

Phone:

To Whom It May Concern,

I am the primary care provider for (Name of Child), who lives at (address, city, zip). (Name of Child) is a child with special health needs who requires the use of (type of equipment used).

Due to this child's special health care needs, it is medically necessary for the family to have uninterrupted gas services. Interruption of service could seriously jeopardize (Name of Child)'s health. Could you please assist them in developing a payment plan that will prevent any disruption of service?

Thank you for your attention and understanding in this matter. Please contact (name of contact) at (phone number and extension) if you have any questions.

Sincerely,

(name of Primary Care provider contact and company)

cc: name of parent/guardian

# Sample Letter 5



Requesting Supplies for Incontinence written by Primary Care Provider  
(written on Primary Care Provider's stationery)

Date:

Company

Address

City, State, Zip

Re: Name:

Address:

DOB:

Health Insurance Plan:

Plan ID#:

Pharmacy Name:

Pharmacy Phone:

To Whom It May Concern,

I am the primary care provider for (Name of Child), who lives at (address, city, zip). (Name of Child) is a child with special health needs who requires the use of (type of supplies for incontinence needed).

This patient is incontinent as a result of (Name of Child)'s diagnosis. I therefore consider it medically necessary to prescribe diapers for at least three months. Could you please approved payment for these supplies.

Thank you for your help and attention to this matter. Please do not hesitate to contact (name of contact) at (phone # and extension) if you have any questions.

Sincerely,

(Name of primary care provider contact and company)

cc: (name of parent/guardian)

A signed and dated prescription will accompany this letter, including:

Child's name, address, DOB, diagnosis, health insurance information, specific ID of prescribed item including amount per month, and estimate length of time item will be used.

# Sample Letter 6



Medical Necessity for Equipment written by Primary Care Provider  
(written on Primary Care Provider's stationery)

Date:

Company

Address

City, State, Zip

Re: Name:

Address:

DOB:

Health Insurance Plan:

Plan ID#:

Pharmacy Name:

Pharmacy Phone:

To Whom It May Concern,

I am the primary care provider for (Name of Child), who lives at (address, city, zip). (Name of Child) is a child with special health needs who requires the use of (type of equipment needed).

I consider it medically necessary for this patient to be equipped with (name of equipment needed) so that (reason for use of equipment). This (name of equipment needed) will be required for at least three months.

Thank you for your help and attention to this matter. Please do not hesitate to contact (name of contact) at (phone # and extension) if you have any questions.

Sincerely,

(Name of primary care provider contact and company)

cc: (name of parent/guardian)

A signed and dated prescription will accompany this letter, including:

Child's name, address, DOB, diagnosis, health insurance information, specific ID of prescribed item including amount per month, and estimate length of time item will be used.



# Sample Letter 7



Medical Necessity for Formula and Nutritional Supplement written by Primary Care Provider  
(written on Primary Care Provider's stationery)

Date:

Company

Address

City, State, Zip

Re: Name:

Address:

DOB:

Health Insurance Plan:

Plan ID#:

Pharmacy Name:

Pharmacy Phone:

To Whom It May Concern,

I am the primary care provider for (Name of Child), who lives at (address, city, zip). (Name of Child) is a child with special health needs who requires the use of (type of formula and nutritional supplement needed).

I am writing to request your assistance in maintaining the continued health and growth of this patient, for whom (type of formula and nutritional supplement needed) is medically necessary for at least six weeks.

Thank you for your help and attention to this matter. Please do not hesitate to contact (name of contact) at (phone # and extension) if you have any questions.

Sincerely,

(Name of primary care provider contact and company)

cc: (name of parent/guardian)

A signed and dated prescription will accompany this letter, including:  
Child's name, address, DOB, diagnosis, health insurance information, specific ID of prescribed item including amount per month, and estimate length of time item will be used.

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