



**LIVINGSTON COUNTY  
Health Department  
CHILDREN'S SPECIAL HEALTH CARE SERVICES  
Annual Update**

BENEFICIARY NAME: \_\_\_\_\_

ID: \_\_\_\_\_

We need your help to update your Children's Special Health Care Services (CSHCS) information. Please complete and submit this form **ONLY** if there have been changes over the last 12 months. If there have been **NO** changes disregard this letter.

**\*NEW\*** Would you like the nurse to contact you about transitioning into adulthood and the changes that occur at age 18 and age 21 for CSHCS?      **YES**     **NO**

**CURRENT ADDRESS**

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**NEW INSURANCE : Please include a copy of your card front and back!**

Insurance Name: \_\_\_\_\_ Medicaid Health Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employer Name : \_\_\_\_\_

Name of Insurance cancelled: \_\_\_\_\_

**PROVIDER CHANGES**

<b>Provider Name</b>	<b>Specialty</b>	<b>Add</b>	<b>Remove</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For resources, information, or questions you may reach our office toll-free by dialing the CSHCS Family Phone Line at 1-800-359-3722 or dialing direct to: Mattie Bauer, R.N. at (517) 552-6845.

**Mail or Email form to:** LIVINGSTON COUNTY HEALTH DEPARTMENT- CSHCS

2300 E. Grand River Ave, Suite 102

Howell MI 48843-7578

**E-mail:** cshcs@livgov.com