

UMATILLA-MORROW COUNTY HEAD START, INC.
PROGRAM FACE SHEET

Pencil Only Please, and update regularly

Child's Name: Pedro Estevan Nickname: — Date of Birth: 8/22/05

Family Information (Fill in information about the adults with whom the child resides)

Mother Juanita Estevan Address 1725 W. Ridgeway #13
Father — City Hermiston Zip 97838
Relationship: Parent/Step-Parent Telephone: Home: 315-1928
 Legal Guardian Message: —
 Foster Parents Work: 564-6878
 Other:

Number of Members in Family 2

Primary Language Spoken in Home: English Spanish Other: —

Primary Language Spoken by Child English Spanish Other: —

Documented Disability/Special Needs N/A

Disability/Special Need — Last IFSP Date —

Disability/Special Need — Date of Medical Statement —

Health Insurance Information

OHP/Medicaid

OHP/Medicaid No. 6730015 F

OHP Re-certification Date May 1, 2010

Private Insurance

Provider —

Policy No. —

No Insurance

Emergency Information

Medical Protocol in Place Yes No; If yes, condition —

Allergies: — Medications: —

Persons to be contacted in case of emergency if unable to reach parent/guardian:

Name: Joseph Estevan Address: 1701 Polk Ave Phone: 561-5826

Name of physician to be called in an emergency for treatment of illness/injury:

Name: Dr. Garcia Phone: 564-3400