JEWISH RENAISSANCE MEDICAL CENTER, Inc.

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Dear Parent/Guardian:

Before the rush of the new school year begins, the Jewish Renaissance Medical Center encourages you to register your children for our School-Based Health Center located at:

Central High School
246 18th Avenue, Newark, NJ 07108
973-679-7709
Please press 3 for a listing of all locations & then press 5 for Central

Access to the medical services we provide has been shown to increase student engagement in schools, academic performance, and improve overall health. Our School-Based Health Center is extremely convenient for parents/guardians. **Once your child is registered, we can provide them with health care without requiring you to miss work or other obligations; or your child having to miss school.** Our services include but are not limited to:

- Annual physicals, sports physicals, immunizations, sick visits, and asthma treatments
- Dental services that include screenings, cleanings, fillings, x-rays, and simple extractions
- Mental health services that include teen counseling, and youth mental wellness

Patients who are uninsured may qualify for Presumptive Eligibility (temporary Medicaid) or Charity Care. Program eligibility is based on your gross household income and household size. We accept most forms of health insurance, including Medicare, NJ FamilyCare, and commercial/private insurance and self-pay.

Please take advantage of these services by first filling out the Registration Form and the Parent Consent Form included in this packet. After the initial visit, we will contact you for additional required information. The completed materials should be returned to Rosemary Santiago, our Health Center's registrar, at Central High School. Materials can also be returned to the Central High School Nurse's Office upon completion. We request that parents complete these forms as soon as possible to ensure coverage of their children for the upcoming school year.

We look forward to working with you to determine and realize the health & wellness objectives for your child. Any further questions or information, please contact Rosemary Santiago at the number indicated above. Thank you.

Sincerely,

Dr. Kafilat Adewunmi, D.O/MBA
Clinical Director
Newark School-Based Health Center Program

JEWISH RENAISSANCE MEDICAL CENTER
(973) 679-7709 – Seven (7) locations; Family Practice at Central, Park and 13th Avenue

REGISTRATION FORM (PLEASE FILL OUT COMPLETELY)

PATIENT INFORMATION

TODAY'S DATE:______________________

LAST NAME:___________________FIRST NAME:____________________MI:__________DOB: (M/D/Y):_____________

ADDRESS:____CITY:___________________ST:_________ZIP CODE:____________

SOCIAL SECURITY #:_________-_______-_________MARITAL STATUS:_____________

Sexual Orientation: [ ] Lesbian or gay [ ] Straight (not lesbian or gay) [ ] Bisexual [ ] Something else [ ] Don't know [ ] Choose not to disclose
Gender Identity: [ ] Male [ ] Female [ ] Transgender Male/Female-to-Male [ ] Transgender Female/Male-to-Female [ ] Other [ ] Choose not to disclose

HOME #:________________________MOBILE #______________________EMAIL:____

DATA SURVEY - In an effort to comply with requirements regarding federal record-keeping and reporting, we ask that you complete the following data survey. Your cooperation is appreciated.

PRIMARY LANGUAGE: [ ] English [ ] Spanish [ ] Other:_______________ INTERPRETER NEEDED?: [ ] Yes [ ] No

IS YOUR PRIMARY RESIDENT CONSIDERED PUBLIC HOUSING [ ] Yes [ ] No FAMILY SIZE:__________

ETHNICITY	RACE	SPECIAL POPULATION	ANNUAL INCOME RANGE
□ Hispanic (Latino)	□ Black (African-American)	□ Migrant	□ 0 - $11,880
□ Non-Hispanic (Latino)	□ White	□ Seasonal	□ $11,881 - $17,820
□ Unreported/Refused	□ Asian	□ Homeless Shelter	□ $17,821 - $23,760
	□ American Indian/Alaska Native	□ Transitional	□ $23,761 - $29,700
	□ Native Hawaiian	□ Doubling Up	□ $29,701 - $35,640
	□ Other Pacific Islander	□ Street	□ $35,641 +
	Multiracial – select 2 from above	□ Other	
	□ Unreported	□ Unknown	

RESPONSIBLE PARTY

SOCIAL SECURITY #:_________-_______-_________ RELATIONSHIP TO PATIENT:_______________________________________

LAST NAME:____________________________________FIRST NAME:_________________________MI:_______DOB (M/D/Y):_____________

ADDRESS:____CITY:___________________ST:_________ZIP CODE:____________

HOME #:________________________MOBILE #______________________EMAIL:____

INSURED INFORMATION

LAST NAME:____________________________________FIRST NAME:___________________________MI:_______DOB (M/D/Y):_____________

EMPLOYER:____TELEPHONE #:_____________________________

INSURANCE:_________________________________POLICY #:________________GROUP #:________________EFFECTIVE DATE:__________

ADDRESS:____CITY:___________________ST:_________ZIP CODE:____________

INSURANCE TELEPHONE #:__________________________________RELATIONSHIP TO PATIENT:_______________________________________

EMERGENCY CONTACT

NAME:____ RELATIONSHIP TO PATIENT:_______________________

ADDRESS:________________________________CITY:________________ST:______ZIP CODE:_____________PHONE #:_________________

SIGNATURE: I certify that the information provided is correct:____

JRMC USE ONLY - Patient Account #:__________________Unit Clerk Initials:_________Date:_______________

PARENT CONSENT FORM

I understand that the goal of the school-based health program is to improve the health and well-being of the children by providing onsite **MEDICAL, DENTAL & COUNSELING** services. These services will be provided by a staff of doctors, nurse practitioners and other health care professionals with expertise in child and adolescent health care. The Jewish Renaissance Medical Center of Perth Amboy, NJ employs these staff members. Services are available to **ALL** minors 0-17 years of age with parental consent.

I,____give consent for my son / daughter __________________________________
Parent / Guardian   Child's Name

To receive the services listed below:

Primary and Preventive
1. Physical exams
2. Treatment of minor illness
3. Immunizations
4. Follow-up medical care
5. Health and Nutritional Counseling

Counseling Services
1. Individual, family and group counseling
2. Crisis intervention
3. Psychosocial Assessments
4. Psychiatric intervention to include assessments, treatment and medication if indicated

Dental Services
1. Examinations
2. X-rays
3. Cleaning and Fluoride
4. Dental Sealant
5. Restorative
6. Extractions
7. Local anesthetic to numb area

Please list any services you do not wish your child to receive ____

- I understand that all medical information will be kept strictly confidential and records will not be released without my written permission. I understand that by signing this consent form I give permission for my child to be seen at the health center without my being present. However, should I choose to, I can be present.
- I give permission for the health center staff to have access to my child's school health records through the nurse's office. I understand that my child may be referred to other medical and community-based resources for services that are not provided at the school-based health center.
- I understand that there will be a minimal charge for these services. However, if I have insurance, my insurance carrier will be billed first for services rendered.

Special Services

If my child is an adolescent, I understand that by law my consent is not necessary for "special services." For these "special services", I understand that confidentiality between the health center and the student will be maintained. However, students will be encouraged to involve their parent / guardian in decisions about their health care, including the provision of special services.

In addition, I _____ the mother/father or legal guardian of _________ do hereby give the Jewish Renaissance Medical Center and its providers' permission to examine and treat my child without a parent/guardian being present at appointments.

I certify that I have read this consent form and I understand it and that it is my wish to enroll my child in the school-based health program operated by the Jewish Renaissance Medical Center for the length of time that my child attends the Newark Public / Charter / Vocational Schools.

____   ________________
Signature of Parent / Guardian   Date

Please list a phone number and indicate the best time for health center staff to contact you in order to inform you of your child's medical care:

Daytime Phone #:__________________________Time:_________________   Alternate Phone #: ______________________

If necessary, I give the following individual(s) permission to accompany my child to their office visit in my absence (person must be 18 or older). I understand that photo identification will be required and a copy will be made and placed in my child's file as documentation.

Name:_____________________________________Relationship to child:__________________Phone #_______________________

Name:_____________________________________Relationship to child:__________________Phone #_______________________

PLEASE COMPLETE THE REGISTRATION FORMS – THANK YOU!

Newark School Based Health Center (NSBHC)

Our Services

Our professionals are experienced doctors, dentists, clincial social workers, and other medical professionals who share the unique blend of proven experience as clinicians while sharing the compassion to provide the highest quality of care for all!

Additional benefits include:

- No need for your child to miss school or for you to miss work to be sure your child's health is addressed.
- No need to change your own doctor, dentist, or social worker - we will still care for your child without having to go through prolonged adjustments with your insurance.

Got Questions?

Call us at: (973) 679-7709
Navigator Program: (973) 564-1415
For Free Health Care Assistance: (973) 564-1415
newarkhealthcenters@jrmc.us

For More Information:
Visit our website: *jrmc.us/where-we-work/nsbhc/*

LOCATIONS

NORTH WARD

Barringer High School
90 Parker Street
Main Entrance
Newark, NJ

Park Elementary School
120 Manchester Place
Newark, NJ

WEST WARD

13th Avenue/Dr. MLK Elementary School
359 13th Avenue
Entrance at S. 8th Street
Newark, NJ

CENTRAL WARD

Central High School
246 18th Avenue
Entrance at Boyd Street
Newark, NJ

Quitman Street Community School
21 Quitman Street
Main Entrance
Newark, NJ

SOUTH WARD

Malcolm X Shabazz High School
80 Johnson Avenue
Entrance at Milford Avenue
Newark, NJ

George Washington Carver Elementary School
333 Clinton Place
Forest Place Entrance
Newark, NJ

MOBILE UNIT

The full continuum of our care is mobile!