

## MO HealthNet Managed Care Health Risk Assessment

Please help us serve you and your family better by answering the following questions. Your answers are optional. Any answers you choose to give us will be sent to your health plan so they can help you get the services you need. One of these forms should be completed for each person in your family who has been enrolled in a MO HealthNet Managed Care health plan. Health plans cannot refuse to enroll you because of a medical condition or illness. A health plan cannot ask you to pick another health plan. If this happens, report it to MO HealthNet Participant Services at 1-800-392-2161.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 ID Number: 00000000 Date of Birth: 00/00/0000  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Message Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Please try to answer all of the questions. Circle "Yes" or "No".**

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|---|-----|----|
| 1. Is English your main language?<br>If not, what language do you speak? _____<br>If you do not speak English, call 1-800-348-6627 for help.<br><i>Si el inglés no es su lenguaje principal, llame 1-800-348-6627 para la ayuda.</i>  | Yes | No |
| 2. Do you need a Telecommunications Device for the Deaf (TDD) or need American Sign Language Services?  | Yes | No |
| 3. Are you pregnant?<br>If yes, when is your baby due? _____  | Yes | No |
| 4. Do you have any of the following?<br>a. Asthma?<br>b. Diabetes?<br>c. High Blood Pressure?   | Yes | No |
| 5. Do you need help getting vaccinations?   | Yes | No |
| 6. Have your children been screened for lead?   | Yes | No |
| 7. Do you use any of these?<br>a. Medicines prescribed by a Doctor?<br>b. Mental health treatment or counseling?<br>c. Substance use treatment or counseling?<br>d. Physical, speech or occupational therapy?<br>e. Special equipment (for example, to help with moving, walking, talking, hearing, breathing, feeding, personal care, etc.)? | Yes | No |

PLEASE RETURN THIS FORM IN THE PRE-PAID ENVELOPE IF YOU ARE CHANGING HEALTH PLANS BY MAIL.

If you are changing health plans online or by phone, you do not need to fill out or return this form.

