

YouthCare Significant Event Intake Form



Please email your completed form to SignificantEventILYouthCare@Centene.com

Member Information

Member Medicaid ID and RIN#

Member Name (Last, First)

Member DOB

Person Completing Form Name and Title

YouthCare Population

Event Reporting

Discovery Date and Time

Referral Entity 1

Date and Time

Referral Entity 2

Date and Time

Significant Event Information

Date and Time of Incident

Date and Time of Discovery

Person who identified Significant Event (Name, Credentials, Department/Facility/Vendor Name)

Child & Youth Specific Event Type

Personnel Related Event Type

Facility Related Event Type

Caregiver Related Incident Type

Unlicensed Caregiver Related Incident Type

Media High-Profile Event

Individual Reporting Incident

Reporter Full Name, Title, Organization

Reporter Relationship to Member

If Other

Event Summary

Significant Event Summary

Location Where Incident Occurred

Provider/Facility/Vendor/Caregiver of Concern

Provider/Facility NPI Number, if applicable

Immediate Intervention(s)

If "Other", explain

Immediate Intervention Summary

Notification

If "Other" Notification, explain

Notification Summary

Member Disposition

Attestation

The submitter attests that the information being given has been verified as true and accurate.

Document completed/submitted by (Name, Credentials, Department)

Notification Date and Time