

# Moving Checklist

## As soon as you know when and where you will move:

- Contact your child's health insurance plan
- Ask all current health care providers to make referrals to new providers
- Contact the phone company for a phone book
- Contact local emergency medical services (EMS)
- Contact the local school system
- Contact the State Department of Education to learn about special education
- Contact the State Department of Public Health to learn about programs for children with special health needs
- Contact the Chamber of Commerce for information about your new community
- Visit the area and video tape it if possible
- Contact your current medical equipment supplier
- Learn about religious organizations and other special interest organizations in your area
- Locate a pharmacy that accepts your health insurance
- Contact parent organizations and support groups in the area
- Call another parent from the area

## Two weeks before moving:

- Get new written prescriptions from your child's health care providers
- Contact new school again
- Send school reports
- Send medical records to new health care providers
- Notify electric company of moving date
- Call phone company to set up new phone number
- Call medical equipment supplier

## Two days before moving:

- Refill prescriptions
- Make sure electricity is on in your new home
- Make sure phone is on in your new home
- Check supplies for trip
- Call new medical equipment supplier

## Do you have copies of:

- Medical records
- School records
- IEPs, IFSPs, IHCPs, and other care plans
- Shots and immunization records
- List of medical supplies used
- Prescriptions
- Health insurance card
- Letter from PCP and specialty providers explaining your child's condition

## New phone numbers:

- Hospital \_\_\_\_\_
- Health Care Provider(s) \_\_\_\_\_
- \_\_\_\_\_
- Health Insurance Plan \_\_\_\_\_
- EMS \_\_\_\_\_
- Fire Department \_\_\_\_\_
- Police Department \_\_\_\_\_
- Electric Company \_\_\_\_\_
- Phone Company \_\_\_\_\_
- Gas/Oil Company \_\_\_\_\_
- School \_\_\_\_\_
- Parent Support Group/Organizations \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- State Department of Education \_\_\_\_\_
- \_\_\_\_\_
- State Department of Public Health \_\_\_\_\_
- \_\_\_\_\_
- Equipment Supplier \_\_\_\_\_
- \_\_\_\_\_
- Pharmacy \_\_\_\_\_
- \_\_\_\_\_
- House of Worship \_\_\_\_\_
- Other \_\_\_\_\_
- \_\_\_\_\_