



NEW JERSEY DEPARTMENT  
OF CHILDREN AND FAMILIES

## New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date: 9-29- 1992
Volume:	X	Forms	
Chapter:	A	Forms	Revised Date: 6-28- 2018
Subchapter:	1	Forms	
Issuance:	5.50	<b>CP&amp;P Form 5-50, Health Care Provider Information Request Letter</b>	

Click [here](#) to view, print, or complete the CP&P Form [5-50](#), Health Care Provider Information Request Letter.

### WHEN TO USE IT

The Health Care Provider Information Request Letter may be used to request basic health (medical/dental) information about a child under CP&P supervision when it is necessary to case assessment/planning. Use of this form letter is not mandatory.

### HOW TO USE IT

Print this form using Local Office letterhead. The child's name, NJS case number, date of birth, and the Case Manager's name and telephone number are inserted by the Case Manager. The CP&P Form [5-50](#) is sent to the child's health care provider for completion. Included with the form are a signed Authorization for Release of Information, CP&P Form [26-15](#), and a stamped addressed envelope for the form's return. Enclose the CP&P Form [21-8](#), Certification of Documents. The returned, completed CP&P Form [5-50](#) is filed in the child's case record after it has been reviewed.

### DISTRIBUTION

Original - Health Care Provider  
Copy - Child's Case Record