

Student Health Insurance Status Form

If you would like to make changes, send the school and/or health clinic a written note.

Student Name (please print)

Address

City

Zip code

Phone

Does your child have health insurance?

YES NO (please circle)

May the school and/or health clinic share this form with Valley Professionals

Community Health Center (VPCHC)?

YES NO (please circle)

****Sharing this information will help the school connect families who may need affordable health insurance to resources that can help them.*



Health insurance is an important part of making sure kids do well in school. It can pay for vaccinations, prescription drugs and regular check-ups.

Hoosier Healthwise is Indiana's health care program for children. Health care coverage is provided at little or no cost to eligible Indiana families. Hoosier Healthwise offers a wide variety of health benefits for your children.

Your signature below shows that you agree to share your health insurance status with Valley Professionals Community Health Center (VPCHC), who can provide enrollment assistance for the Hoosier Healthwise program.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Funding for this project was made possible by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Office of Rural Health Policy's Rural Health Care Services Outreach Grant Program HRSA-12-083, CDFA No. 93.912. The views expressed in written materials, websites, or publications do not necessarily reflect the social policies of the Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.