



Healthier Kids
Foundation

Children's Health Coverage Referral Form

Referral From: _____ Date: _____
Agency/Program: _____
Agency Contact Name: _____
Tel#: 408-933-0916
Referral Source: () Phone Call () Fax () Event () Self

Parent/ Guardian Name: _____ **Parent/ Guardian Birthdate:** _____
[Nombre del Padre/ Tutor] [Fecha de Nacimiento del padre/ tutor]

Address: _____ **City:** _____ **State:** _____ **Zip:** _____
[Domicilio] [Ciudad] [Estado] [Codigo Postal]

Parent/Guardian Phone: _____ **Cell Phone:** _____
[Telefono] [Cellular]

Name & Age of Uninsured Kids [Nombres y Edades de niños sin cobertura medica]

Child's Name: _____ **Age:** _____ **Child's Name:** _____ **Age:** _____
[Nombre de niño] [Edad] [Nombre de niño] [Edad]

Child's Name: _____ **Age:** _____ **Child's Name:** _____ **Age:** _____
[Nombre de niño] [Edad] [Nombre de niño] [Edad]

Ethnicity of Child(ren): _____ **Language Preference:** _____
[¿Origen etnico del niño/niños] [Idioma Preferido]

Best Day and Time to Call: _____
[Mejor dia y hora para llamarle]

A representative will use this information to contact you about health coverage. This information will not be used for any other purpose. If you have questions about this form, please call Healthier Kids Foundation (a non-profit 501(c)(3)) at 866-315-0135 (toll-free).

Un representante utilizará esta información para comunicarse con usted en relación a la cobertura de salud. Esta información no se utilizará para ningún otro fin. Si tiene preguntas sobre este formulario, por favor llame al Healthier Kids Foundation (non-profit 501(c)(3)) 866-315-0135).

Please send completed form to Healthier Kids Foundation:

- *Email:* COPE@hkidsf.org
- *Fax:* 408-326-2711
- *Mail:* Children's Health Coverage
Healthier Kids Foundation
4040 Moorpark Avenue, Suite 100 San Jose, CA 95117

STAFF USE ONLY

Obtained: _____

Follow Up: _____

CAA: _____

Rev. Jan 2018