

REGARDING HEALTH INSURANCE

The following form is optional for parents.

This is a referral form for Health Insurance that could be little to no cost for qualified families.

Great Beginnings will refer families who wish to be referred to “Bright Futures for Children”, who in turn will assist families with the process.

Does your child have health insurance? _____yes _____no

If your child does not have health insurance, do you grant Great Beginnings Early Childhood Center permission to share this information with a Medicaid/CHP+ enrollment counselor?

_____yes _____no

Parent/Guardian Signature: _____

Date: _____

Phone: _____

A Health Patient Navigator will contact you to determine eligibility and provide application assistance.