

# GOOD NEWS ABOUT HEALTH COVERAGE!

Now, more children and teens qualify for free or low cost medical, dental and vision care coverage programs!



Interested in more information?  
 If so, please fill out this form and return it to your child's school or call 1-888-747-1222 (toll free) if you want to apply by phone.



Yes, please send me information and an application for health coverage in:

- |                                  |                               |                                     |                                   |                                  |
|----------------------------------|-------------------------------|-------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> 繁體中文 | <input type="checkbox"/> Հայերեն    | <input type="checkbox"/> မြန်မာစာ | <input type="checkbox"/> Нмооб   |
| <input type="checkbox"/> Español | <input type="checkbox"/> 한국어: | <input type="checkbox"/> Tiếng Việt | <input type="checkbox"/> فارسی    | <input type="checkbox"/> Русский |

PARENT/GUARDIAN'S AREA CODE AND PHONE NUMBER: (      ) \_\_\_\_\_

\_\_\_\_\_  
 PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
 CHILD'S NAME

\_\_\_\_\_  
 STREET ADDRESS/P.O. BOX

\_\_\_\_\_  
 CITY

\_\_\_\_\_  
 ZIP CODE

\_\_\_\_\_  
 COUNTY

\_\_\_\_\_  
 SCHOOL NAME

**PARENTS/GUARDIANS**

Return this form to your child's school or call  
**1-888-747-1222 (toll free)**  
 if you need information or want someone to contact you.

**SCHOOL FOOD SERVICES DIRECTOR OR  
 DISTRICT HEALTH STAFF**

Please mail this form to:  
**HF/MCF Outreach Materials for Schools  
 P.O. Box 15409  
 Sacramento, California 95851**

Please mail this form to:  
**HF/MCF Outreach Materials for Schools  
 P.O. Box 15409**

**Sacramento, CA 95851**

**www.healthyfamilies.ca.gov**



**Parent/Guardian's Privacy Notice**  
 The law requires us to tell you what we will do with any personal information you choose to send to us on this form. Healthy Families or the Department of Health Services will send you information, or if you want to be contacted, will have a representative use the 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 1-888-747-1222 (toll-free).