



Health Insurance: If you do not have insurance or if you would like help making sure your insurance is renewed, then we can assist you.

Flint Healthcare Coverage: Expanded healthcare coverage for those who have used the Flint Water System at anytime since April 2014.

First Name	Last Name		
Date of Birth Gender \square Male \square Female \square Non Binary			inary
Phone ()	It is okay to text	t this number? Yes 🗖 No 🗖	1
Alternate Phone ()	It is okay	to text this number? Yes	No 🗖
Email			
Can we connect you	to the following?		
□ Application As	sistance 🗆 Ren	ewal Assistance	
Check all that apply:			
_	– Medicaid Children's Heal	th Insurance, and Affordable	Care
_		•	
□Flint Healthca		or Pregnant and have lived, v	vorked, or attended
	<u>SCHOOLIII I</u>	Flint (Since April 2014)	
Date:	Location	າ:	-
Additional Househole	d Members:		
Child First Name	Last Name	Date of Birth	Gender □M □F □ NB
Child First Name	Last Name	Date of Birth	Gender □M □F □ NB
Child First Name	Last Name	Date of Birth	Gender □M □F □ NB
Child First Name	Last Name	Date of Birth	Gender □M □F □ NB
Child First Name	Last Name	Date of Birth	Gender □M □F □ NB
Child First Name	Last Name	Date of Birth	Gender □M □F □ NB
Child First Name	Last Name	Date of Birth	Gender □M □F □ NB