



For Your Family's Health

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.

To apply online go to www.healthapp.net



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

- English
- Español
- Հայերեն

- Việt Ngữ
- 한국어
- فارسی

- Hmoob
- Русский язык
- 中文
- ភ្មែរ

()
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 want to apply by phone.

SCHOOL STAFF

Please forward this form to your School Food Services Director or District Health Staff.

SCHOOL FOOD SERVICES DIRECTOR OR DISTRICT HEALTH STAFF

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

Sacramento, CA 95851-0409

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).