Northfield Community School
Health Insurance Questionnaire

Student’s Name: ___________________________ Grade: ______________

Does this child have any health insurance including NJ Family Care/Medicaid, Medicare, private or other?

Please check which ONE apply:

_____ YES- My child has health insurance.

_____ NO- My child does not have health insurance.

If yes, what is the name of the Insurance Company? ___________________________

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org to apply online or call 1-800-701-0710.

By signing below you are allowing Northfield Community School to forward your information to NJ Family Care.

(Please do not sign below if you do not wish to have information forwarded)

You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Written consent required pursuant to 20 U.S.C. § 123g (b)(1) and 34 C.F.R. 99.30(b).

Signature: ____________________________________________

Printed Name: _______________________________________

Date: ______

For Office Use Only:

Date Received: ________