

# 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](http://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: \_\_\_\_\_