

Health Insurance Inquiry Form
New Jersey Law Requires All Kids 18 and under to be Insured

School _____ Diocese _____

Grade _____ Teacher/H.R. _____

Student's Last Name _____ First Name _____ Initial _____

Address _____ City _____ Zip _____

School District of Residence _____ County _____

Phone: (____) _____ Other Phone: (____) _____

Date of Birth (Mo/Day/Year) _____

Mother's/Guardian's Last Name _____ First Name _____

Father's/Guardian's Last Name _____ First Name _____

Does child above have health insurance?

Yes ___ If yes, name of insurance company _____

No ___

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain parents. For more information call 1.800.701.0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program and authorized organizations to contact me about health insurance for my family. Please sign below.

Signature: _____

Print Name: _____

Date: _____

RETURN FORM TO YOUR CHILD'S SCHOOL