

Partnership for Healthier Kids

2700 Prosperity Ave • Fairfax, VA 22031
Telephone: **703-698-2550** • Fax: **703-698-2556**

Request for Information

Please Check:

- My child(ren) has health insurance and/ or a health care provider.
Please provide the name(s) _____
- My child(ren) needs a doctor and/or insurance.
- Please contact me so that I can find out about free to very low cost medical programs for my child(ren).
A representative may call me to schedule an interview by telephone, or in person. I understand the information shared in this interview will be confidential.

Release of Information/Parent Authorization

- I give permission for the following information to be exchanged with representatives of the agencies listed.
- My name and telephone number so I may be contacted by Partnership for Healthier Kids about free, or very low cost medical care for my child(ren).
- If I apply for a medical provider program, the following agencies may exchange information about the status of my child's application when necessary to complete the enrollment process.

This consent is valid for 12 months.

- Partnership for Healthier Kids, Inova Health System
- InovaCares Clinic
- Healthy Community Access Program
- Department of Family Services
- Medical Care for Children Partnership
- Fairfax County Public Schools
- Department of Medical Assistance Services
- Community Health Care Network

Name of Child	Date of Birth	Name of school

Name of parent/guardian (please print) _____

Signature _____ Date _____

Phone Number _____ Best time to call _____

Do not complete this section. For official use only.

Case Worker: _____

1st Contact – Date: _____ Outcome: _____

2nd Contact – Date: _____ Outcome: _____

3rd Contact – Date: _____ Outcome: _____

