

Partnership for Healthier Kids

8003 Forbes Place • Springfield, VA 22151

Telephone: 703-321-1990 • Fax: 703-321-1999

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/Parental 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
- Fairfax County Public Schools
- Northern Virginia Family Service
- Community Health Care Network
- Inova Pediatric Center
- Medical Care for Children Partnership
- Community Access Program
- Department of Family Services
- Department of Medical Assistance Services
- National Foundation for Vietnamese-American Voters (NFVAV)

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.

Form completed by _____ School _____ Phone # _____

Date Completed _____ Received by PHK _____

