

Health Check (Medicaid for Children)/ NC Health Choice (CHIP)
Order Form for 2018-2019 EDUCATIONAL Palm Card
(Orders mailed within 14 business days of receipt.)

<i>USES FOR EDUCATIONAL MATERIALS</i> <ul style="list-style-type: none"> • Display on bulletin boards • Include when corresponding with families. • Distribute at large events for families: sports, festivals, group sessions. 	PACKS NEEDED <i>(100/pack)</i>	DATE NEEDED BY	MAILING ADDRESS (Delivery to street address--no PO Box) (print clearly)
<i>HEALTH CHECK (Medicaid for Children/ NC HEALTH CHOICE (CHIP)</i> <i>Envelope Stuffer/Palm Card (Bilingual English/Spanish)</i> A two-side, legal envelope size, brochure that provides information about NC's public children's health insurance programs. Designed for use in mass mailings and other widespread distributions with families such as on web sites or school calendars, newsletters, etc.			CONTACT/NAME: _____ MAILING ADDRESS: _____ _____ TELEPHONE#: _____ Email: _____
<p align="center"><i>Applications—English</i></p> COMPLETE ONLINE: https://dma.ncdhhs.gov/medicaid/get-started DOWNLOAD PRINT COPY: https://dma.ncdhhs.gov/medicaid/get-started/apply-for-medicaid-or-health-choice#forms			County: _____ Agency (check one): <input type="checkbox"/> Local Health Department <input type="checkbox"/> CCNC Network <input type="checkbox"/> Clinic/Hospital (Private) <input type="checkbox"/> Clinic/Hospital (Public) <input type="checkbox"/> School (LEA/Public) <input type="checkbox"/> School (Private) <input type="checkbox"/> Community-based –organization <input type="checkbox"/> Faith-based organization <input type="checkbox"/> OTHER (SPECIFY): _____

PLEASE PRINT & COMPLETE FORM.

FAX TO: 919-870-4880 or email to: norma.marti@dhhs.nc.gov

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**THANKS FOR CONTINUING
TO SUPPORT THE
STATE'S CHILDREN'S HEALTH INSURANCE PROGRAMS!**

Please let us know that you received these materials and a little "story" on how you used them!

If you need more, simply use the order form on the back. Remember that we are available to speak to your group/staff/volunteers to ensure that everyone is aware of the Health Check (Medicaid for Children) / NC Health Choice (CHIP) income eligibility requirements & any changes to the benefits.

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