

Health Check (Medicaid for Children)/ NC Health Choice (CHIP)

Order Form for 2016-2017 Educational Brochures

(AVAILABLE AFTER JUNE 1st-- Orders mailed within 14 business days of receipt.)

<i>USES FOR EDUCATIONAL MATERIALS</i>	QUANTITIES NEEDED <i>(100/pack)</i>	DATE NEEDED BY	MAILING ADDRESS (Delivery to street address--no PO Box) (print clearly)
<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. 			
<p>#1 HC/NHC Fact Sheet (Bilingual English/Spanish)</p> <p>A two-sided tri-fold brochure provides information about NC's public children's health insurance programs. Designed for use in mass widespread distributions with families at registrations, health fairs, or as display in waiting rooms.</p>	PACKS NEEDED:		CONTACT/NAME: MAILING ADDRESS: TELEPHONE#: _____
<p>#2 HC/NHC Envelop Stuffer/Palm Card (Bilingual English/Spanish)</p> <p>A two-side, legal envelop 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.</p>			Email: _____ 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: _____)
<p><i>Applications—English</i></p> <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</p>			

FOR	Date Rec'd DPH:	Staff initials:
OFFICE USE	Date Sent to WRHS:	Staff initials

PLEASE PRINT & COMPLETE FORM.

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