



	<p>Good News! Funding is <u>now</u> available to reopen your child's application for Health Choice.</p>
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Date _____

Notice of Reactivating The Health Check/Health Choice Program

	_____ County Department of Social Services

Dear _____:

Good News! Funding is now available to reopen your child's application for North Carolina Health Choice for Children. In order to enroll your child, we need to update your application with the information requested below to determine if your child is still eligible. **All you have to do is complete the following and return this notice to your County Department of Social Services within twelve days of the date of this letter.**

1. Please list your current address (if different from the address listed above) and a phone number where we can reach you.

Street Address	City	State	Zip Code
Phone Number			

2. Have there been any changes in your family's income since you applied? Yes No
 If there has been a change, please tell us what your family's total monthly income is now.

Name of Child	Do you have health insurance on this child? Yes or No	Name of health insurance company

Please Sign Here	Today's Date
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If we don't hear from you, your child will not be enrolled in the program. Also, your child's name will be removed from the waiting list. If you have any questions, please call your local department of social services. You can find their number in your phone book under "County Government". You can also get their number by calling the NC Family Health Resource Line at 1-800-367-2229.