

Do you or your children qualify for free or low cost health insurance? Let us help you find out!

Dear Parent,

Your child may be eligible for **FREE OR LOW-COST HEALTH COVERAGE** through MassHealth or the Children's Medical Security Plan (CMSP).

Adults in your family may also qualify for MassHealth or the state's new affordable health insurance plan, called Commonwealth Care.

If you would like assistance with health coverage or have questions, please complete this form and return it to your school. Fill out only one form for all family members. Thank you.

Check all the boxes that apply:

- I would like assistance in obtaining **MassHealth** or the **Children's Medical Security Plan** for my child.
- I have questions about my child's **MassHealth** or **Children's Medical Security Plan** coverage (such as how to find a doctor, what medical services are covered, and how to keep the coverage).
- I would like more information about the **Vineyard Smiles Dental Program** for children with MassHealth or Children's Medical Security Plan, or who have no coverage. Please call me.
- I would like more information about **Commonwealth Care** or other affordable health insurance plans.

Please complete the following information and return to the school nurse or the school's office:

I agree that the school nurse may give this information to the Vineyard Health Care Access Program to contact me to provide more information and/or assistance with a MassHealth/Commonwealth Care/Children's Medical Security Plan application.

Signature of parent/guardian _____ Date ___/___/___

Print name of parent/guardian _____

Mailing Address _____ Town & ZIP _____

Home phone _____ Work phone _____ Cell _____

Name of child _____ Child's date of birth _____ Child's school _____

1. _____

2. _____

3. _____

If you have questions, please call the Vineyard Health Care Access Program: 508-696-0020