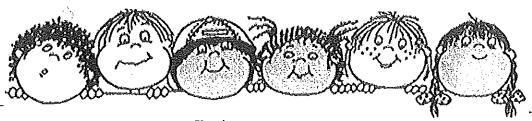


San Diego Unified school district



PARENTS: DOES YOUR CHILD HAVE HEALTH INSURANCE? IF THE ANSWER IS "NO" THERE ARE LOW/NO COST HEALTH COVERAGE PROGRAMS AVAILABLE.

IF A FAMILY NEEDS ASSISTANCE TO APPLY FOR MEDI-CAL/LOW COST INSURANCE PLEASE COMPLETE THE INFORMATION BELOW TO BE GIVEN TO A CERTIFIED APPLICATION ASSISTANT (CAA).

Student's Name:	Birth date:
Parent's Name:	School;
Age of youngest child in household:	Home Language:
Phone Numbers: ()	()
()	Home Zip Code:
N COL COD C. A. Link	
Name of Staff Person Submitting Referral	Date Submitted
Please send form via school mail or by fax to: CAA: Nursing & Wellness, 2351 Cardinal Lane Annex B, fax: (858) 627-7444	
Medl-Cal Office Use Only	
Date received: Date entered:	Child's age: Eligible: Y or N