



# 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: \_\_\_\_\_

\_\_\_\_\_  
Name of Staff Person Submitting Referral

\_\_\_\_\_  
Date Submitted

Please send form via school mail or by fax to:  
CAA: Nurslug & Wellness, 2351 Cardinal Lane Annex B, fax: (858) 627-7444

Medi-Cal Office Use Only

Date received: \_\_\_\_\_ Date entered: \_\_\_\_\_ Child's age: \_\_\_\_\_ Eligible: Y or N