

# Insurance for Children Project

United Way - Thomas Jefferson Area

806 East High Street, Charlottesville, VA 22902

Telephone: 434-972-1706 Fax: 434-972-1719



United Way  
Thomas Jefferson Area

## Referral Form for FAMIS and FAMIS MOMS

Please fax to **434-972-1719** or email to **Jzadory@unitedwaytja.org**.

### Parent/Guardian Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Language: English Spanish Other \_\_\_\_\_

|   | Name of Child | Age | Date of Birth | Have Insurance? |    |
|---|---------------|-----|---------------|-----------------|----|
| 1 |               |     |               | Yes             | No |
| 2 |               |     |               | Yes             | No |
| 3 |               |     |               | Yes             | No |
| 4 |               |     |               | Yes             | No |

\*\*If there are more children please fill out another form and attach.

Name of Pregnant Woman (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Due Date (if known) \_\_\_\_/\_\_\_\_/\_\_\_\_

*I wish to be contacted by United Way - Thomas Jefferson Area about free/low cost health insurance. I understand this information will only be used to enroll my child(ren) in health coverage.*

Signature: \_\_\_\_\_

Referral Source/Agency: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Fax to: **434-972-1719**

Attn: Jennifer Zadory, Outreach Worker

*With support from the Virginia Health Care Foundation*