



3841 Reid Street  
 Palatka, Florida 32177  
 Phone: (386) 312-2218  
 nefec.org/rphk



### Rural Partnership for Healthy Kids Referral Form

Referred By (Circle One):    Social Worker    Guidance Counselor    Other

The Rural Partnership for Healthy Kids, funded through a cooperative agreement with the Center for Medicare and Medicaid Services (CMS), seeks to connect children and families in small, rural communities with affordable health insurance coverage. Social workers collaborate with district partners to increase families' understanding of their healthcare options, facilitate the insurance enrollment and renewal processes, and connect families to community and district resources that promote student and family well-being. Rural Partnership for Healthy Kids offers free or low-cost health insurance for kids and teens. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. Children in a family of four earning up to \$32,319 a year or more may qualify.

Student's Name \_\_\_\_\_ DOB: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
 Grade: \_\_\_\_\_ School \_\_\_\_\_ County: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Does student have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list brothers/sisters enrolled in Pre K-12 Public/Private Schools:

| Name (first & last) | School | Grade |
|---------------------|--------|-------|
|                     |        |       |
|                     |        |       |
|                     |        |       |

Authorization: I, \_\_\_\_\_ [Parent/Guardian's Name], give my permission, to release this information to Rural Partnership for Healthy Kids. The information is to be used to assist me in monitoring and coordinating my health care and social service needs.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I know I have the right to revoke this consent form at any time by giving written notice to the school officer and/or contact person.