Health Access Enrollment

Partnership for Healthier Kids

Telephone: **703-698-2550** • Fax: **703-698-2556** • Email: **phk@inova.org** • Locations: **www.inova.org/phk**

Request for Information

Please contact me so that I can find out about free to very low cost medical programs. A representative may call me to schedule an interview by telephone, or in person. I understand the information shared in this interview will be confidential.

Release of Information/Authorization

- I give permission for the following information to be exchanged with representatives of the agencies listed.
- I may be contacted by Health Access Team about free, or very low cost medical care
- If I apply for a medical provider program, the following agencies may exchange information about the status of my application when necessary to complete the enrollment process.

This consent is valid for 12 months.

- Partnership for Healthier Kids, Inova Health System
- Healthy Community Access Program
- Medical Care for Children Partnership
- Department of Medical Assistance Services
- Inova Cares Clinic
- Department of Family Services
- Fairfax County Public Schools
- Fairfax County Health Department

CLIENT INFORMATION		
Name:		Primary Language:
Phone:	Cell:	Email:
Address:		
Spouse Name:		
CHILD INFORMATION		
Name:	DOB:	School Name:
Name:	DOB:	School Name:
Name:	DOB:	School Name:
REFERRAL SOURCE		
Name & Title:		Agency Name:
Email:	Phone:	Reason for Referral:

Signature _____ **Date** _____

Do not complete this section. For official use only.

Case Worker: _____

1st Contact – Date: _____ Outcome: _____

2nd Contact – Date: _____ Outcome: _____

Final Contact – Date PHK Letter Mailed: _____