



Genesee Intermediate  
School District



# FREE HEALTH CARE COVERAGE ENROLLMENT ASSISTANCE

for Flint & Genesee County Residents

You and your family may be eligible for free or low-cost health care coverage.

- Need help signing up for Medicaid for you or your child?
- Have questions about your current health care plan?
- Have you recently lost coverage?
- Need help with your yearly health care coverage renewal?

Let us know how we can help you.

**CONNECT**  
with an **OUTREACH & ENROLLMENT**

coordinator to get  
your questions

**ANSWERED**

and get you and  
your family

**COVERED.**

DOCTOR VISITS,  
DENTAL, VISION,  
PRESCRIPTIONS,  
MENTAL HEALTH  
SERVICES &  
MORE

**CONTACT YOUR GISD  
ENROLLMENT COORDINATOR TO  
GET STARTED TODAY!**



email [CKC@geneseeisd.org](mailto:CKC@geneseeisd.org)

Connecting **kids**  
to Coverage



## Health Insurance Enrollment Assistance

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender ☐ Male ☐ Female ☐ Non Binary

Phone (\_\_\_\_) \_\_\_\_\_ It is okay to text this number? Yes ☐ No ☐

Alternate Phone (\_\_\_\_) \_\_\_\_\_ It is okay to text this number? Yes ☐ No ☐

Email \_\_\_\_\_

### Can we connect you to the following?

☐ **Application Assistance** ☐ **Renewal Assistance**

### Check all that apply:

☐ **Health Insurance** – Medicaid, Children's Health Insurance, and Affordable Care

☐ **Flint Healthcare Coverage** – Under 21 or Pregnant and have lived, worked, or attended school in Flint (Since April 2014)

Date: \_\_\_\_\_ Location: \_\_\_\_\_

### Additional Household Members:

Child First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender ☐ M ☐ F ☐ NB

Child First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender ☐ M ☐ F ☐ NB

Child First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender ☐ M ☐ F ☐ NB

Child First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender ☐ M ☐ F ☐ NB

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Child First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender ☐ M ☐ F ☐ NB

Child First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender ☐ M ☐ F ☐ NB

**Please scan and email all completed forms to [CKC@geneseeisd.org](mailto:CKC@geneseeisd.org)**

*By completing this form, you agree to disclose this information to the Genesee Intermediate School District and their affiliate partners as it pertains to the Connecting Kids to Coverage Healthy Kids 2019 Outreach and Enrollment Cooperative Agreement.*