CHI MARIN — Children's Health Initiative

Start Healthy! Stay Healthy!

Do Your Children Have Health Insurance?

County of Marin
Department of Health and Human Services, CHI Program
Offers free assistance with completing health insurance applications and with the submission process.

Get Health Coverage for your children today.

Don't wait for your child to get sick or for an Emergency to happen — be prepared with Health Coverage for your Children.

CHI is here to connect families with low-cost, accessible, quality health coverage for their children.

Free or Low - Cost Health Insurance for Children from birth to 19 years

Eligibility is determined by family size, children's ages and family income. Other requirements may apply.

HEALTHY FAMILIES

MEDI-CAL FOR CHILDREN

Healthy kids Health Plan

AIM 1-800-433-2611

KAISER PERMANENTE

Benefits:

- Medical Care
- Dental Care
- Vision Care
- Mental Health Services

New...

calfresh
BETTER FOOD FOR BETTER LIVING

We now assist with completing applications for CalFresh

For more information or to apply call today:

(415) 473-3434

And speak with a Certified Application Assistant (CAA)

3240 Kerner Blvd.
San Rafael, CA 94901
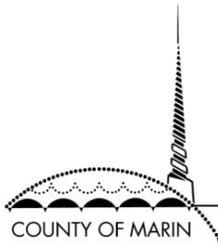
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

COUNTY OF MARIN

MARIN
HEALTH &
HUMAN
SERVICES
Health, Well-being & Safety

Larry Meredith, Ph.D.
DIRECTOR

Heather Ravani
DIVISION DIRECTOR

CHI
Children's Health Initiative
3240 Kerner Boulevard
San Rafael, CA 94901
415 473 3434 T
415 473 2211 F
415 473 3344 TDD
www.marincounty.org/ss

Free and Low Cost Health Insurance
is available for children under 19 years of age!

Health plan options available:
*Healthy Kids ** Kaiser Child Health Plan ** Healthy Families ** Medi-Cal *AIM * CalFresh*

Complete this form and return it to your child's school. **Questions? Call (415) 473-3434**
A Certified Application Assistor (CAA) will call you to assist with the application process.

PARENT/GUARDIAN NAME:	PARENT/GUARDIAN PHONE NUMBER: ( )
E-mail address:	
STREET ADDRESS/P.O. BOX:	

CITY:	STATE:	ZIP CODE:

Child's Name	Date of Birth	Name of School

Please return form to:
Marin CHI
3240 Kerner Blvd
San Rafael CA 94901
Fax: (415)473-2211
Office: 473-3434
MarinCHI@marincounty.org