

INSURANCE STATUS FORM

NWCA - Head Start/Early Head Start Program
312 North Main Street, PO Box 67
Badger, MN 56714
218-528-3227/800-568-5319

• Child's Name: _____
(Last) (First) (Middle)

• Parent/Guardian Name: _____
(Last) (First) (Middle)

• Address: _____
(Street/Box Number) (City) (State) (Zip)

• Child is covered by:

_____ Health Insurance (Private): _____

_____ Dental Insurance _____

_____ Medical Assistance _____

_____ Other _____

_____ No Insurance

• Is anyone in your household **NOT** covered by Health Insurance? Yes___ No___

• Date: _____

• **REQUIRED sections**