

Insurance for Children Project

United Way - Thomas Jefferson Area
806 East High Street, Charlottesville, VA 22902
Telephone: 434-972-1706 Fax: 434-972-1719



United Way
Thomas Jefferson Area

Referral Form for FAMIS and FAMIS MOMS

Please fax to 434-972-1719 or email to mbehl@unitedwaytja.org.

Parent/Guardian Information:

Name: _____

Address: _____

Home #: _____ Cell #: _____

Email: _____

Preferred Language: English Spanish Other _____

	Name of Child	Age	Date of Birth	Have Insurance?	
1				Yes	No
2				Yes	No
3				Yes	No
4				Yes	No

**If there are more children please fill out another form and attach.

Name of Pregnant Woman (if applicable): _____

Date of Birth: ____/____/____ Due Date (if known) ____/____/____

I wish to be contacted by United Way - Thomas Jefferson Area about free/low cost health insurance. I understand this information will only be used to enroll my child(ren) in health coverage.

Signature: _____

Referral Source/Agency: _____
Name: _____ Contact #: _____

Fax to: 434-972-1719

Attn: Melissa Behl, Outreach Worker

With support from the Virginia Health Care Foundation