

**MEDICAID/INSURANCE INFORMATION SHEET**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**MEDICAID:**

\_\_\_\_\_ My child does not have a medicaid card.

\_\_\_\_\_ My child does have a medicaid card.

My child's medicaid number is \_\_\_\_\_  
(Please attach copy of current medicaid card)

My child's social security number is \_\_\_\_\_

If your child does NOT have a medicaid card, please fill in the section below.

\_\_\_\_\_ I have checked with Westchester DDS to determine if my child can receive a medicaid card.

\_\_\_\_\_ I have not as yet checked with Westchester DDS to determine if my child can receive a medicaid card.

**PRIMARY PRIVATE INSURANCE:**

**SECONDARY PRIVATE INSURANCE:**

Carrier: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Self  
(Age 18 or older)

\_\_\_\_\_  
(parent or guardian)

\_\_\_\_\_  
Date