

# PARTNERS IN CARE

## Child PSH Project Status (for additional minor household members)

### Identifying Information

\*Last Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_ \*Status Date: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*SSN (last 4 digits): \_\_\_\_\_ \*Project: \_\_\_\_\_

Covered by Health Insurance?  Yes\*\*  Client doesn't know  
 No  Client prefers not to answer

\*\*If yes, select all that apply:

- MEDICAID
- MEDICARE
- State Children's Health Insurance Program
- Veteran's Administration (VA) Medical Services
- Employer-Provided Health Insurance
- Health Insurance Obtained Through COBRA
- Private Pay Health Insurance
- State Health Insurance for Adults
- Indian Health Services Program
- Other Health Insurance

\_\_\_\_\_