



Do You Know an Uninsured Child?

Date: _____

Help us get them enrolled today by providing their contact information, with permission, so that a Michigan Primary Care Association Community Navigator can follow-up!

First fill in your name, phone number and email address. Then, fill in the name, phone number, email address and mailing address of the parent with an uninsured child you are referring.

Your Name: _____

Your Phone #: _____

Your Address: _____

Name(s) of Parent(s): _____

Parent's Phone Number: _____

Parent's E-mail Address: _____

Parent's Address: _____

Official/Office Use Only Below

Call Log (Date, phone number, notes):

Attempt 1: _____

Attempt 2: _____

Attempt 3: _____

Gift card mailed? Yes – Date mailed: _____ No (Referrer not qualified)