

# Office of Citywide Health Insurance Access Participation Form

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Borough \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

\_\_\_\_\_ **YES!** We would like to establish a relationship with a public health insurance enrollment agency to assist individuals with enrollment into public health insurance programs such as Child Health Plus, Family Health Plus or Medicaid.

**We would like an OCHIA staff member to present on the following topic(s):**

\_\_\_\_\_ **public health insurance options**

\_\_\_\_\_ **private health insurance options**

**Please fax completed form to 212-331-5725**

**Office of Citywide Health Insurance Access  
New York, New York 10038  
Telephone: 212-331-5698  
Fax: 212-331-5725**