

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**