

Guide to Completing SBHC Enrollment Forms

By providing updated information about your child,
you help to ensure that the SBHC provides the safest care possible.

PLEASE DO NOT LEAVE BLANKS

If a question does not apply to your child please write:

- Decline
- Unknown
- N/A

Student Information:

1. Student's Legal Name: Please put full **legal** name. If there has been a recent change, please let us know.
2. Student Social Security Number (SSN): This is an important unique identifier which helps us safely maintain accurate records.
3. Mother's Maiden Name: We are required by New York State to obtain this information for NYSIIS. (New York State Immunization Information System). If this is not possible, please call your SBHC to discuss other options.

Student's Current Insurance Information: The easiest way to provide most of this information is to provide us with a copy of your child's health insurance card (front and back). **If your child has more than one Health Insurance Plan, please copy both insurance cards.**

If you attach a copy of the card you then only need to complete the following on the SBHC form:

- | | |
|--------------------------------|----------------------------------------|
| *Name of Policy Holder | *Mailing address of Policy Holder |
| *Policy Holder's Date of Birth | *Employer for Policy Holder |
| *SSN of Policy Holder | *Policy Holder's relationship to child |

Policy Holder is the parent to which the Health Insurance is covered under.

Is this Child Health Plus? Please don't forget to check the box.

Effective Date: The Effective Date is not the Issue Date. If your insurance card does not have an effective date please put "none."

Student's Doctor (Name) is the Doctor who is listed on the Insurance Card. Please DO NOT put SBHC, BHC-Delhi, C+A etc.. If your Insurance Company does not require this, please put the name of the Health Care Practitioner that your child sees outside of the SBHC. If you do not have a Health Care Practitioner who sees your child outside of the SBHC, you may list the name of the provider at the SBHC.

Health Update: Please list information for the past year.

Please do not forget to sign and date the forms.

Thanks for your help!