



**CONCHO VALLEY COUNCIL OF GOVERNMENTS**



CVCOG RURAL HEAD START  
325-944-9666

SAISD HEAD START/  
EARLY HEAD START  
325-947-3703

**SAISD HEAD START/EARLY HEAD START  
MEDICAID REQUEST DOCUMENTATION**

**PART A**

**Date:** \_\_\_\_\_ **Center:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

**Medicaid Card – Month** \_\_\_\_\_

\_\_\_\_ Still receiving Medicaid- will bring Medicaid Card to make copy for my child's file.

\_\_\_\_ No longer receiving Medicaid. (Immediate referral to FSR)

\_\_\_\_ Re-applying for Medicaid. Last month received: \_\_\_\_\_

**Type of assistance (check all that apply):**  Help in applying for Medicaid

Resources for other types of insurance (no long qualify for Medicaid)  Other

**Staff Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART B**

**Follow-up data: (See Medicaid Request Follow-up Procedure HS-Proc MCFU)**

date received from teacher \_\_\_\_/\_\_\_\_/\_\_\_\_

date returned to teacher \_\_\_\_/\_\_\_\_/\_\_\_\_

eligibility status current –*copy attached*

NOT eligible for services-assisting family

assisting family with re-application process

eligibility pending (allow 30 days)

Referral to Content Monthly Meeting

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of FSR:** \_\_\_\_\_

**Date Returned:** \_\_\_\_/\_\_\_\_/\_\_\_\_