DENTON COUNTY HEALTH DEPARTMENT
535 South Loop 288, Suite 1003
Denton, TX 76205
(940)349-2900
(940)349-2901 fax

Materials Request Form for CHIP/CHIP Perinatal, Children's Medicaid

Contact Person: Phone/Fax:

☐ Mailing Address: Email:
(check box if new)

Materials:

Item Description	Qty	Item Description	Qty
CHIP/Children's Medicaid 4-fold brochure		CHIP/Children's Medicaid Info Card	
CHIP Perinatal Services 4-fold brochure		CHIP Perinatal Services Info Card	
Children's Dental Brochure		Children's Dental Info Card	
TX Women's Health 4-fold brochure		TX Women's Health Info Card	
United Way Information Card		CHIP/CHIP Perinatal, Children's Medicaid Application	
Client's Statement of Self-Employment Income (Form H1049)		Employment Verification Form (H1028)	
Assistance Statement Verification Form (H1134)		"Items we need" Please indicate language: English/Spanish	

Training/Event Request:

Would you like an outreach coordinator to follow up with you to provide a CHIP training or enrollment day or information for a Health Fair?

☐ CHIP Training ☐ CHIP Enrollment Day ☐ Health Fair

Please Return Form to

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