

DC Healthy Families Program Sign-Up Form

Questions, call the HELPLINE, (202) 639-4030

Hearing Impaired TDD/TTY (202) 639-4041

Si usted desea, puede
procurar a alguien
que hable español al
(202) 639-4030

You need to choose a health plan for you and your family. You can enroll by mail, and send back in the envelope provided. Or call the HELPLINE at (202) 639-4030 and enroll over the phone.

STEP 1: Head of Household Information

First Name	Middle Initial	Last Name	Telephone Number		
Home Address		Apt #	City	State	Zip
Birthdate	Medicaid Number		Social Security Number		
Name of Health Plan you choose			Name of personal doctor you want		

STEP 2: Information on other members of household

First Name	Middle Initial	Last Name			
Birthdate	Medicaid Number		Social Security Number		
Name of Health Plan you choose			Name of personal doctor you want		
First Name	Middle Initial	Last Name			
Birthdate	Medicaid Number		Social Security Number		
Name of Health Plan you choose			Name of personal doctor you want		
First Name	Middle Initial	Last Name			
Birthdate	Medicaid Number		Social Security Number		
Name of Health Plan you choose			Name of personal doctor you want		
First Name	Middle Initial	Last Name			
Birthdate	Medicaid Number		Social Security Number		
Name of Health Plan you choose			Name of personal doctor you want		
First Name	Middle Initial	Last Name			
Birthdate	Medicaid Number		Social Security Number		
Name of Health Plan you choose			Name of personal doctor you want		

If you need more space for names, write on the back of this form. Thank you.

Head of Household Signature: _____ **Date:** _____

STEP 3: Fill out the Personal Health Risk Assessment Form printed on green paper.

**Return both forms in the envelope provided – no stamp needed.
Or call the HELPLINE at (202) 639-4030 and enroll over the phone**