

HELP Other Children by Telling YOUR Children's Health Insurance (CHIP) Story

THANK YOU for signing up for the Children's Health Insurance Program! If you've had a good experience and would like to tell other parents SO THEIR CHILDREN CAN RECEIVE HELP TOO...just tell us YOUR STORY.

FIRST NAME: _____ LAST NAME: _____

CITY AND STATE: _____ EMAIL: _____

PHONE NUMBER (OPTIONAL) _____ AGE: _____

TELL US YOUR STORY HERE!

We Need Your Permission...here's how we'll use your story to let other parents know help is available for their children!

By signing below, I will allow the Centers for Medicare & Medicaid Services and those acting within its authority the right to create, reproduce, publish, circulate, broadcast, distribute, or otherwise use, in whole or in part, my name, address, story, or testimonial, and any picture, photograph, videotape and/or audio tape of me or my "story" for the purpose of sharing my enrollment experience in the Children's Health Insurance Program, and helping other children enroll and enjoy the same benefits.

I have been informed that by signing below, this form covers the use of my story in any media of advertising or publicity, such as on the radio, television, internet, or print, and by distributing it to the media, members of Congress, or any other entity or person.

I understand that no material changes will be made to my story, but minor editorial changes may be made without my permission or review of the final product. I also understand that this is a release of all claims against the Centers for Medicare & Medicaid Services and those acting within its authority.

I have read, and agree with the above statements: _____
Signature/Parent or Guardian of Children's Health Insurance Participant Date