



Children's Healthcare Assistance Plan (CHAP)



Does your child qualify for **FREE** speciality care?

Children's Healthcare Assistance Plan (CHAP) is a free program designed to assist families with income too high to qualify for Medicaid, but whose lack of resources limit their access to quality healthcare.

- Includes children whose family income is between 200% (Medicaid limit) and 350% of the poverty income guidelines*
- Hospital and specialist services are provided to children birth to 21 with or without insurance coverage
- Covered services include inpatient, short stay services, outpatient clinics, emergency room, therapies provided by Children's Hospital and The Toothbus
- Limited to participating physician services performed at Children's Hospital

APPLICATION PROCESS

Applications can be completed prior to or upon registration or admission to Children's Hospital. Mail the application to:
200 Henry Clay Ave., New Orleans, LA 70118 or fax to (504) 896-3904.

ELIGIBILITY REQUIREMENTS

- Proof of income must be submitted
- Review of Medicaid eligibility

For additional information, please call (504) 894-5166 or (504) 894-5574.

Children's Healthcare Assistance Plan Financial Guidelines

Number of People in Your Household	Income Must Be Between
1	\$22,340 - \$39,095
2	\$30,260 - \$52,955
3	\$38,180 - \$66,815
4	\$46,100 - \$80,675
5	\$54,020 - \$94,535
6	\$61,940 - \$108,395
7	\$69,860 - \$122,255
8	\$77,780 - \$136,115

**Appropriate proof of income must be submitted with your application. Copies of pay stubs, forms approving or denying unemployment compensation or workmen's compensation, written verification of wage from agencies (e.g. SSI, AFDC, Private Employer) are examples of income.*

CHAP APPLICATION

The CHAP program will cover any insurance deductible, co-pay or any out-of-pocket expenses if you meet the income guidelines.

Is your family covered by other health care insurance? Yes No If yes, name of your insurance company _____

Mother's name:	Mother's income: \$
Father's name:	Father's income: \$
Present address:	
City, State, Zip Code:	
Parish/County:	
Area Code/Phone Number: ()	
Number of people living at this address:	

List all children below:

Child's Name	Sex	Social Security Number	Date of Birth
1.	M / F		/ /
2.	M / F		/ /
3.	M / F		/ /
4.	M / F		/ /
5.	M / F		/ /
6.	M / F		/ /
7.	M / F		/ /
8.	M / F		/ /

SIGNATURE _____ DATE _____