



CHI St. Joseph Children's Health

Request for Services

Please print clearly and use pen when completing this form

Return completed form in envelope provided or mail to:

CHI St. Joseph Children's Health
1929 Lincoln Highway East, Suite 150
Lancaster, PA 17602
P: (717)397-7625 F: (717)397-6057

Many families know CHI St. Joseph Children's Health for our high-quality dental services provided in Lancaster County for over a decade. In addition to dental services, our program offers families support in accessing and navigating health services and programs to assure that every child in Lancaster County grows up happy and healthy. Please use this form to enroll your child in the programs and services of CHI St. Joseph Children's Health. A Children's Health Advocate from our organization will contact you to assist your family in getting all of your child's health needs met.

Child Name: _____

Parent/Guardian Name: _____

I consent to being contacted by (check all that apply):

	YES	NO	
Home Phone:	<input type="checkbox"/>	<input type="checkbox"/>	Phone number: _____
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	Cell number: _____
Work Phone:	<input type="checkbox"/>	<input type="checkbox"/>	Work number: _____
Email:	<input type="checkbox"/>	<input type="checkbox"/>	Email: _____

The best way to reach me: Home Cell Email

Please specify best time you can be contacted: 7AM-10AM 10AM-2PM 2PM-5PM 5PM-7PM

May we leave a message? : YES NO

How can we help you?

- My child needs health insurance coverage.
- I'm interested in accessing dental services through CHI St. Joseph Children's Health.
- I'm interested in finding a doctor/dentist that accepts my child's insurance.
- I'm interested in accessing other health related services for my child.

I, _____ by providing my home phone, cell number, work number, and/or email address, expressly consent to receiving communications from CHI St. Joseph Children's Health to any home phone, cell number, work number, email, or other electronic communication I provide or that you later acquire for me. Providing you with my contact information is not a condition of receiving healthcare services.

Parent/Guardian Signature

Date