Novant Health
Community Care Cruiser

To learn more, visit
www.novanthealth.org\cruiser

Greetings,

The Novant Health Community Care Cruiser provides free access to high-quality medical services for children not eligible for health insurance. Eligible students include uninsured or underinsured (have Medicaid or are Medicaid eligible) children 0-18 years of age in the Charlotte area.

The Community Care Cruiser will be partnering with **Alexander Graham Middle School** to provide childhood immunizations free of charge to qualifying students. To participate, please complete the attached forms and return the center representative by **Wednesday August 10, 2022.**

If your child/student is under the age of 12, a parent or guardian must be present. If a parent or guardian is unable to attend the appointment on the designated day and time, our Community Care Cruiser has morning and afternoon appointments on **Monday through Friday** at **Project 658 at 3648 Central Avenue, Charlotte NC 28205.**

You may call 844-644-3578 (NHHELPU) to schedule at your convenience.

Thank you!

Sincerely,

The Novant Health Community Care Cruiser team

NOVANT HEALTH
Community Care Cruiser

Please Complete Form in Black Ink

Charlotte Mecklenburg Schools Immunization Clinics

Must be completed by PARENT or GUARDIAN Today's Date: ____/____/_____

Child's Name: _____ Date of Birth: ____/____/_____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other: _____

Place of Birth: _____

Parent/Legal Guardian Name: _____ Relationship: _____

Parent/Legal Guardian DOB: ____ /_____/_____

Email address:_____

Employment Status: ☐ Disabled ☐ Full-Time ☐ Not Employed ☐ On Active Military Duty ☐ Part-Time ☐ Retired

☐ Self-employed ☐ Student ☐ Full-time Student ☐ Part-time ☐ Unknown

Emergency Contact: _____ Phone Number: _____

Please select your current health insurance status: ☐ No Insurance ☐ Medicaid ☐ NC HealthChoice ☐ Private

Monthly Income: _____ Number of People in Household: _____

Has your child had Chicken Pox: ☐ YES ☐ NO

☐ I understand that by completing this form and signing below, I am consenting for my child(ren) to receive school vaccines with the Novant Health Community Care Cruiser.

_____

Signature and date