

**Request for Interest: Community Partners for
Children’s Health Insurance Program Outreach
Request for Information Response Sheet**

Name of Organization	
Mailing Address:	
Website:	
Chief executive officer and title:	
Phone Number:	
Fax:	
Email:	
Type of Organization	
Governing Body or Body Approving Budget	
Contact Person for Project	
Phone	
Email	

Please complete the following questions:

1. In which counties will your organization disseminate CHIP program information and make referrals to organizations and families? (Minimum of 8 and maximum of 11)

2. Describe at least one a publicly available site with sufficient office space within the specified multicounty area where families can come on a walk-in basis (or within 24 hours of requesting assistance) to make an application on a Monday through Friday scheduled basis:

Address _____

Hours of available staffing _____

Computer operating system _____

3. ___ We are a Community Partner with WVinROADS

___ We have reviewed the requirements to sign a user agreement as a Community Partner with WVinROADS and have the willingness and capability to become a Community Partner.

4. Please list any other partner organizations in each of the designated counties who can provide and/or receive paper applications and provide these applicants with assistance on the application process and indicate which partner sites are able to fax the completed WVCHIP application to the office site with online capability.

5. Please list any current or potential partners throughout your multicounty area who could provide application assistance on an occasional basis. (The West Virginia Healthy Kids and Families Coalition can provide assistance with developing this list from among its members.)

6. ___ We agree to attend quarterly meetings each year to provide feedback about activities and issues in my multicounty area to the West Virginia Healthy Kids and Families Coalition and to WVCHIP and will attend the 2011 Growing Healthy Kids and Families Conference.

7. ___ We agree to attend training regarding the WVCHIP application and WVinRoads program.

8. ___ We agree to have a trained person available to attend Workforce West Virginia meetings to inform laid off workers about WVCHIP benefits and application procedures (no more than two per year).

9. ___ We agree to participate in the Healthy Kids and Families Coalition WVCHIP outreach to Volunteer Income Tax Assistance (VITA) sites, including participating in the BB&T VITA Bus stops.

10. ___ We agree to participate in the West Virginia Healthy Kids and Families Coalition WVCHIP outreach during the "Spring Forward for Child Health" program.

11. ___ We agree to submit a monthly online report to the West Virginia Healthy Kids and Families Coalition showing the organization's results in any enrollment and retention efforts for that period.

12. Describe any current special links or outreach efforts your organization currently has regarding the following populations that may benefit this effort: infant and preschool; teens/adolescents; minority outreach; immigrants; and military families.

13. Statement by an authorized individual that the organization is ready, able, and interested in this project.

14. The undersigned has read the West Virginia Healthy Kids and Families Coalition Request for Information: Community Partners for Children's Health Insurance Program Outreach and verifies the statements made in the Request for Interest Response sheet.

Name, Title

Date