

covering kids & families

We help kids get Medicaid

This is a free service.

Is your child eligible for free health coverage with Ohio Medicaid?

In family size of:	Your child(ren) are eligible for Medicaid if your income last month was less than:
2	\$2,522
3	\$3,182
4	\$3,842
5	\$4,502
6	\$5,162

**Please return this form to your
child's school.**

Parent/Guardian name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

**If you have questions, please call
Deanna at (513) 362-2760.
Or Mrs. Mary Washburn at the
Elementary School 364-9119**



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GREATER CINCINNATI