

STATEMENT OF HEALTH INSURANCE AVAILABILITY

This statement is made by _____ in accordance with section 154.181 of the Texas Family Code.

Health Insurance Availability

Private health insurance is in effect for the child[ren] as follows:

Name of insurance company: _____
Policy number: _____
Party responsible for premium: _____
Monthly cost of premium: _____

The insurance coverage **is/is not** provided through a parent's employment.

Private health insurance is not in effect for the child[ren].

The child[ren] **is/is not are/are not** receiving Medicaid benefits under chapter 32, Human Resources Code.

The child[ren] **is/is not are/are not** receiving health benefits coverage under the Children's Health Insurance Program under chapter 62 of the Texas Health and Safety Code. The cost of the premium is \$ _____.

Private health insurance is not available to the Mother at a reasonable cost.

Private health insurance is not available to Father at a reasonable costs.

_____ has applied for coverage for the child[ren] under the _____ Program.

Date: _____.

Signature

Printed Name