



Farmworker Health Services, Inc.

1234 Massachusetts Ave., NW Suite C-1017 Washington, DC 20005

Health Care Insurance for Migrant Children in Florida:

**An Analysis of the Farmworker Health Services, Inc.
CHIPER Project**

Provided to Farmworker Health Services, Inc.

by The Migrant Clinicians Network, Inc.

November 1999

ACKNOWLEDGEMENTS

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Our thanks to the following people for their assistance in preparing this report.

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I. Introduction

Farmworker Health Services, Inc. (FHS), an organization which provides temporary clinicians to areas on the East Coast with an increased farmworker population, created the CHIPER Project--the Child Health Insurance Program Education & Registration, an outreach project to increase enrollment of children in the migrant and seasonal farmworker population in six counties in the State of Florida into children's health care insurance. The purpose of this outreach project was to increase the enrollment of migrant farmworker children in Florida's KidCare program by 4,500 kids. The State of Florida developed a successful program enrolling uninsured children into a state-sponsored health insurance plan. As Florida expanded health insurance in 1998, FHS wanted to insure that children in the migrant and seasonal farmworker community would take advantage of this program.

While FHS was unable to enroll 4,500 children through its outreach efforts, it was still able to identify 1,274 migrant farmworker children, about half of whom were not insured--a rate that stands out because most data on the percentage of insured children in migrant and seasonal farmworker families is much lower than fifty percent. Unfortunately, limitations of the data gathered do not give sufficient background on these cases and, subsequently, do not allow questions such as: how long these children have been enrolled in either Medicaid or the KidCare program, how often they take advantage of the benefits of these programs, whether they have they been able to access health care through their existing insurance plan, and whether their health status has improved, to be answered.

A very real benefit of direct outreach efforts was that workers were able to help many of the families begin the application process for the KidCare program. However, even with direct contact, the outreach workers were still unable to convince many of the eligible families to apply for the KidCare program. Thus, it is important for the State of Florida to provide direct outreach and public education materials--specific to the migrant and seasonal community--that clarify any doubts they might have regarding eligibility and enrollment in the KidCare program, and that simplify the process for them.

II. Background

A. Children's Health Insurance in Florida

In an effort to increase the number of children with health insurance coverage, Congress appropriated approximately \$48 billion for a period of ten years through the Balanced Budget Act of 1997, under Title XXI of the Social Security Act. The enactment of the State Children's Health Insurance Program (CHIP) is intended to improve access to coverage for uninsured children from low-income families through: an expansion of Medicaid, the development of a state-designed program, or some combination of the two. Florida opted for the combination plan, receiving approval from the Health Care Finance Administration (HCFA) to create KidCare--an umbrella program that combined an expansion to Medicaid with three other programs. In this way, the State of Florida insured that most uninsured children, even those whose families are eligible for Medicaid, could qualify for coverage under Florida's KidCare program.

B. Dynamics of the uninsured population

The State of Florida, ranked fourth in the country in population growth, has a large number of uninsured children, with 23 percent (%) of the state's children under age 19 being uninsured.¹ Florida estimates that 42 percent of its uninsured children live in the southern part of the state, 36 percent live in Central Florida and the remaining 22 percent live in North Florida.² Of these uninsured children, the Governor's Office reported in 1998 to the Health Care Finance Administration that white children constitute the largest group of uninsured children at 77 percent, 19.3 percent of African-Americans are the next largest uninsured group, Asian and Pacific Islanders make up about 3.6 percent, and about 0.1 percent of the uninsured children in Florida are Native American.³ Absent from this breakdown is the Hispanic population of Florida--the Urban Institute estimates that in 1996, the Hispanic population constituted about 16.5 percent of the population while immigrants (some of whom are Haitian and speak Creole) made up about 10 percent of the total state population.⁴

Florida also attracts a migrant and seasonal farmworker population. While it is difficult to get an accurate count of the total number of migrant and seasonal farmworkers, the Department of Health and Human Services estimates that there are three to five million migrant and seasonal farmworkers in the country every year.⁵ This population is

¹ State of Florida, Florida KidCare Program: Amendment to Florida's Title XXI Child Health Insurance, Plan Submitted to the Health Care Finance Administration, hereinafter Amendment (December 1998).

² *Id.*

³ *Id.*

⁴ Pamela A. Holcomb et al., The Urban Institute, *Income Support and Social Services for Low-Income People in Florida: Assessing the New Federalism* (1998).

⁵ U.S. Department of Health and Human Services, Migrant Health Program, The Children's Health Initiative and Migrant and Seasonal Farmworker Children: the current situation and the available opportunities (1997)[hereinafter DHHS].

quite young; two-thirds of it being under thirty-five.⁶ In fact, government figures estimate migrant and seasonal farmworker children at about 1 million.⁷ Many migrant farmworkers travel with their children whenever they move from region to region to do farmwork. Additionally, an estimated 36,000 children engage in farmwork.⁸ Findings by the U.S. Department of Labor's National Agricultural Workers Survey point out that the proportion of farmworkers younger than seventeen (17) reached 8% in 1995, double the figure from 1989.⁹ The overall health status of these children is worse than that of non-migrants.¹⁰

Migrant farmworkers usually have their permanent residence, or homebase, in the South: primarily California, Texas, Florida, Mexico, and Puerto Rico. There are three types of migration for migrant and seasonal farmworkers: (1) restricted circuit, (2) point-to-point, and (3) nomadic. These types of migration are illustrated in the following map.

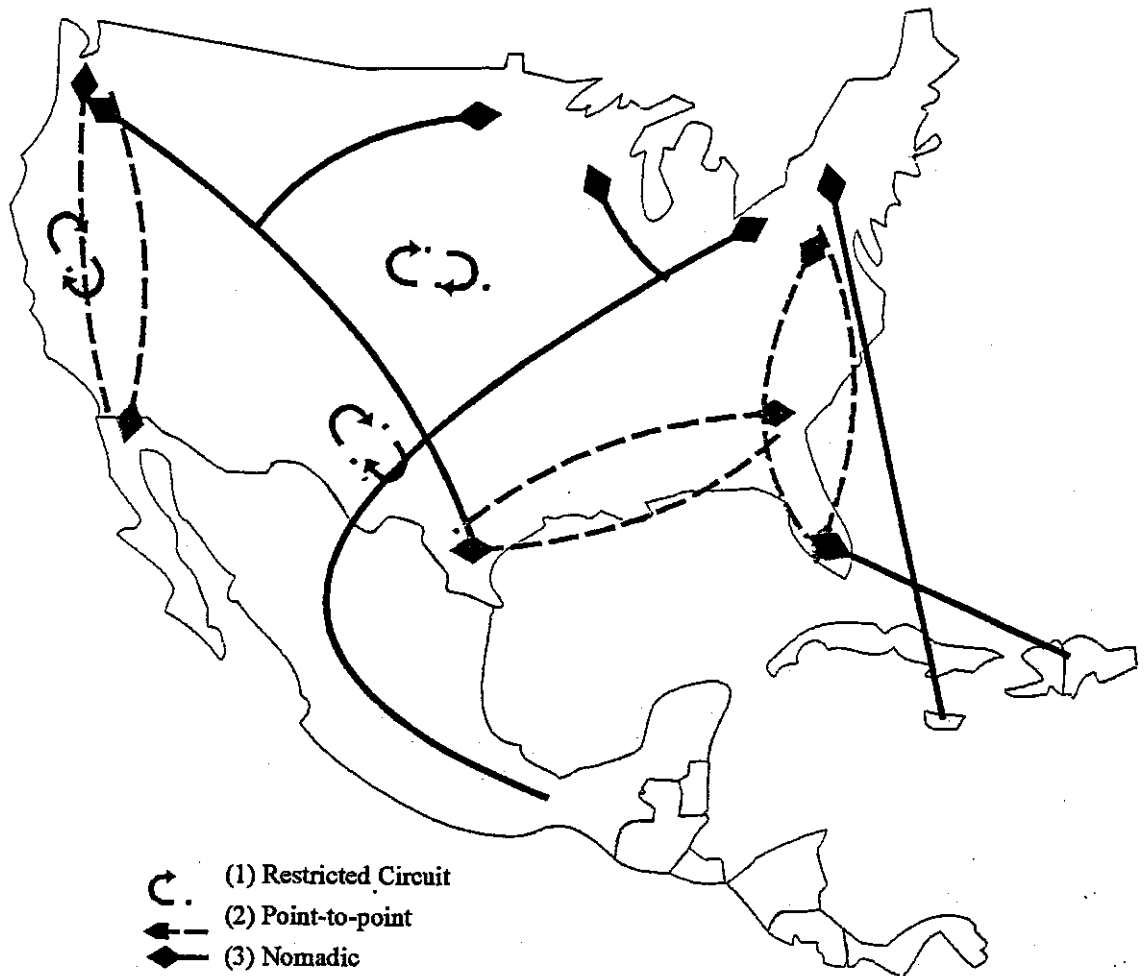
⁶ U.S. Department of Labor, National Agricultural Workers Survey, A Profile of U.S. Farmworkers (1996)[hereinafter NAWS].

⁷ DHHS, *supra* note 5.

⁸ NAWS, *supra* note 6.

⁹ *Id.*

¹⁰ DHHS, *supra* note 5, citing Dever, GEA. Migrant Health Status: Profile of a population with complex health problems. Migrant Clinicians Network, Monograph Series. (1991).



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As illustrated in the map above, in a restricted circuit, migrant workers travel throughout a season within a relatively small geographic area, have a greater understanding of service networkers and work opportunities. In a point-to-point migration route, the people travel to a single place often over a considerable distance and return to the point of origin during the course of a season. The third type of migration pattern is nomadic where the people will travel away from home for a period of years working from farm to farm and crop to crop. This group is characterized by lesser familiarity with service networkers and social support. Some of these people may

eventually settle out in an area to which they have migrated, while others eventually return to their homebase. Patterns of migration are also important because of the migrant and seasonal farmworker families regular interstate and intrastate mobility in pursuit of the new crops ready for labor.

This discussion of the migrant and seasonal farmworker population in Florida is necessary because the CHIPER project focused its outreach exclusively on this population. Further, as explained earlier, it is believed that 72.8% of migrant children are completely without health insurance. Most of these kids are currently eligible for Florida's KidCare program, primarily through Medicaid, since the average income nationally for migrant families is estimated at \$7,500.¹¹

C. Characteristics of Florida's KidCare Program

The State of Florida preceded the federal government and the rest of the states in their efforts to provide health coverage for uninsured children. In 1990, the Florida state legislature established the Florida Healthy Kids Corporation to provide comprehensive health care coverage to more than 20,000 children in 11 school districts across the state. Florida Healthy Kids uses school districts to define its client base and the income criteria of the National School Lunch program to set sliding premium rates. This program received an award in 1996 from the Ford Foundation and the John F. Kennedy School of Government at Harvard for innovations in American government. When Congress enacted the Children's Health Insurance legislation under Title XXI of the Social Security Act, making federal matching funds available to the states to provide Health insurance

¹¹ NAWS, *supra* note 6.

coverage for uninsured children, the State of Florida chose to do a combination plan, expanding Medicaid and creating Florida's KidCare Program.

Florida KidCare is the umbrella Child Health Insurance Program expected to provide coverage for over 500,000 uninsured children in Florida, combining 5 different health insurance programs. These programs are:

- ◆ Medicaid for families whose monthly income is within certain limits. There is no limit on the number of children that can enter the program. Monthly income limits are:

1. children birth through age 1, up to 185 % of the federal poverty level.¹²
2. children ages 1 through 5, up to 133% of the federal poverty level.
3. children ages 6 through 19, up to 100% of the federal poverty level.

- ◆ MediKids for children who are not Medicaid eligible, ages 0 through 5 years old, up to 200% of the federal poverty level. MediKids is not an entitlement program but it requires no co-pay.

- ◆ Florida Healthy Kids--a public/private partnership, providing comprehensive health insurance for the school age population (ages 5 to 19 years old, and their younger siblings). Families with incomes above the income limits may buy into the program if Healthy Kids is available in their county.

¹² See 1999 poverty guidelines in appendix. Taken from: 64 (52) Federal Register 13428-13430 (March 18, 1999).

- ◆ Children's Medical Services Network (CMS) Network for children with special health care needs (such as Spina Bifida, Leukemia, and Diabetes).

There are no co-payments; a monthly payment, typically \$15, may be required.

Eligible children are ages 0 through 19, with a family income of up to 200% of the federal poverty level.

- ◆ Employer-sponsored dependent coverage (pending approval from the Health Care Financing Administration).

The following chart illustrates some of the common elements of this program.

	MEDICAID	MEDIKIDS	HEALTHY KIDS	CMS
ENTITLEMENT PROGRAM	YES	NO	NO	NO
CO-PAY	NO	NO	YES	YES
MONTHLY PREMIUM	NONE	Average \$15	Average \$15	Average \$15
CONTINUOUS ELIGIBILITY	12-month, birth through age 5	6-month, birth through age 19	6 month, birth through age 19	6 month, birth through age 19
APPLICATION¹³	Same application	same application	same application	same application

Eligibility to Florida's KidCare program is based on income. Other children who do not qualify are: 1) children of career state employees; 2) children in certain public institutions such as mental health institutions or juvenile detention centers; 3) children

¹³ See English application in appendix.

already covered under a qualified health insurance program; and children considered unqualified aliens under the immigration and public welfare changes to the law since 1996.

Open enrollment is used so that eligible families may apply to Florida KidCare. Children can only enroll during open enrollment periods. Applications received outside of that period are processed during the following enrollment period. Initially, Florida's period of open enrollment was more extensive; however, the state was so successful with doing outreach to the general population that it was overwhelmed with the number of applications and it was forced to set up a shorter open enrollment period. There are special 30-day open enrollment periods available for newborns, newly adopted children in transition off of Medicaid, and children who are moving from one county to another and are income/age eligible.

III. The CHIPER Project

A. Project Design

Farmworker Health Services, set up the CHIPER project, an outreach program which took place from January - May, 1999, to increase the number of children in migrant and seasonal farmworker families with health care insurance in Florida. This outreach effort was entirely separate from Florida's outreach efforts by the Department of Health.¹⁴

Goals of the Project

¹⁴ According to the Institute for Child Health Policy, Florida's extensive outreach strategy included a series of state and regional efforts to inform families about the program and extensive television and radio marketing in English and in Spanish, *see* Institute for Child Health Policy, Under Contract to the Agency for Health Care Administration, Preliminary Report - Florida KidCare (March 1999).

The stated goals of the project were: (1) to identify the health care insurance needs of the children of migrant and seasonal farmworkers, (2) to identify children who qualify for KidCare but were not yet participating in the program, (3) to enroll children who were eligible, and (4) to identify—and consequently, eliminate—any barriers to enrollment in the application process. More specifically, Farmworker Health Services set out to enroll 4,500 migrant children in KidCare plans.

Outreach Workers

FHS began this project by recruiting seven outreach workers—an additional outreach worker was hired in mid-season—including a nurse practitioner, Ms. Tina Prince, to supervise the project. While the interviewers had a diverse background, all of them were familiar with migrant and seasonal farmworkers either because they themselves had personal experience working as farmworkers, their families worked as farmworkers, and/or they had worked with migrant and seasonal farmworkers through their previous work in social work or migrant health. All of the interviewers spoke both English and Spanish; two of them spoke Creole.

Location of Outreach

The seven outreach workers focused on six (6) counties across the state. These counties are: Collier, Manatee, St. Lucie, Putnam, Dade, and Polk, and were selected because they regularly attract migrant and seasonal farmworker families to work.¹⁵ The following are the number of migrant and seasonal farmworkers and their children

participating in the Migrant Education Program and the WIC program in each of the six counties.¹⁶

Migrant and Seasonal Population in Six Selected Counties Based on Participation in Migrant Education and the WIC program

COUNTY	Migrant Education	WIC	Total children	Single Male Migrants	Total Family Members and Single Males	Seasonal workers	TOTAL Migrant and Seasonal Workers
Collier	6755	1685	8440	3069	15345	7808	23153
Manatee	2676	332	3008	1094	5469	5740	11209
St. Lucie	3043	113	3156	1148	5738	10403	16141
Putnam	578	64	642	233	1167	2036	3203
Dade	3270	418	3688	1341	6705	9949	16654
Polk	3376	636	4012	1459	7295	11871	19166

Period of Outreach

The period selected for this project--January - April, 1999—is based on the period of open enrollment. The actual period of enrollment for Florida's KidCare program is from November to April. Farmworker Health Services was interested in beginning this project in November, 1998 but was limited by funding. Thus, the project centered on the open enrollment at the beginning of 1999.

¹⁵ See appendix to review the location of these counties in the state.

¹⁶ See appendix to review the figures for all the counties in the State of Florida.

Training

Before the outreach work began, the seven outreach workers went through a basic two-day training which included information on sensitivity to migrant and seasonal farmworker culture, information about Florida's KidCare program and application, and information on how to fill out the application itself. The training was conducted by Farmworker Health Services. A representative from Florida's Department of Health demonstrated the use of the application form for the KidCare program.¹⁷

Type of Outreach

The outreach workers focused their work entirely on the areas known as migrant camps within the selected counties. They visited the homes within each of the camps to talk to the families about children's health care insurance in the state. Outreach workers used two forms, in addition to the application form for the KidCare program.¹⁸

Once workers met with a family and identified children in that family, they used the first form to determine whether the children were eligible for Medicaid or any of the other programs under KidCare. The form simply lists the child's name, the child's address, the child's date of birth, the child's social security number, the child's parents, and a code selected from a number of codes given at the bottom of the form—ranging from whether the child was eligible for a specific program to whether the family refused an application. Once the workers identified a child eligible under KidCare, they helped the family fill out the application for enrollment. The second form was a weekly report given to the project's supervisor on the total number of children identified. Once the families were

identified--and helped to enroll their children, in many of the cases, there was no additional follow-up by the workers.

B. Methodology

To analyze the data collected by the outreach workers, each form submitted by the outreach workers to their supervisor was reviewed. These forms included the weekly report and the daily tracking of children identified, both of which can be reviewed in the Appendix. In order to do the kind of data analysis necessary, SPSS, a statistics program that allows for multi-variable analysis was used. A database in SPSS captured all of the data directly from the daily tracking form. An analysis of all the data elements yielded the figures and graphs used in this report.

C. Limitations of the Data

While it is possible to gather important conclusions from the data collected by the outreach workers, there were serious limitations that must be mentioned. The biggest limitation of this data is that the CHIPER Project was not set up as a research project but rather as an opportunity to enroll eligible migrant children into Florida's KidCare program. This limitation was reflected in the record-keeping by the outreach workers. During a review of each form filed by the outreach workers, and during data entry, it was apparent that there was no consistency in the way in which the workers kept track of the migrant children they identified. While the tracking form provided by FHS [See Appendix] had a number of codes which were to be used by the outreach workers to identify the children in terms of eligibility, type of insurance plan, and whether an application was completed or

¹⁷ See appendix to review application form.

refused by the family, these codes were not always used by the workers. In some cases, more than one child was included in one line without further commentary or differentiation, while in other cases there was not enough information to determine whether the parents had refused to provide the missing information, or what the cause of the incomplete data was. During data entry, some assumptions were made because some data elements were unclear.

The second limitation was inter-recorder reliability. There was an apparent lack of understanding of the different plans under KidCare by all the outreach workers. Based on their record-keeping and notes, some of the workers had a better grasp of the different programs under KidCare than others. Thus, there were varying degrees of tracking of all the children identified. These gaps in the data are crucial not only for the information that they provide but more importantly for the questions that they identify. Has the State of Florida surpassed all the other states in the country in insuring migrant children? Is KidCare changing the face of migrant health? Has the increase of enrollment of migrant and seasonal children improved their health.

The result of these limitations is that while there were important findings made about the insurance status of migrant farmworker children in the State of Florida, these findings are not absolute. There is insufficient information in the data collected to give a clear and exact picture of the degree to which migrant children are insured and how their health status has been impacted. A non-research oriented project, like CHIPER, is valuable because it offers a picture of the availability and use of health care insurance for children in the migrant and seasonal farmworker community, however; that picture would

¹⁸ See appendix to review forms used.

be clearer and its overall impact greater had there been more consistency to the data collected by outreach workers and had there been better tracking of the children identified.

D. Data Results

The outreach workers visited a total number of eight hundred and twenty-eight (828) migrant families during the months of January through May, 99 in the six (6) selected counties. A total number of 1,274 children were identified. [See Figure I]. Of these, FHS found that 1033 children, or 81.1% of the total number of children identified, were possible candidates for enrollment in Florida's KidCare program because they could immediately provide a social security number. Outreach workers also identified 151 children who were undocumented and ineligible, representing 11.9% of all children identified. There is incomplete data in the forms regarding the documentation status of 90 of the children. It is therefore difficult to conclude much about these 90 children as to whether they were already insured, or were eligible for enrollment, or wanted to apply for KidCare.

Figure I

Documentation Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Undocumented	151	11.9	12.8	12.8
	Documented	1033	81.1	87.2	100.0
	Total	1184	92.9	100.0	
Missing	System Missing	90	7.1		
	Total	90	7.1		
Total		1274	100.0		

Outreach workers helped the families to complete an application for KidCare for 242 of the children. [See Figure II] At the time of their visit to the migrant camps, the outreach workers found that 448 of those children, or 35.2% of the total children identified, were already insured. Further, an additional 185 children, or 14.5%, had already applied for KidCare and their applications were pending. Of the remainder, 151 children were not eligible for KidCare. The families of 64 of the children were undecided about applying for the KidCare program while the families of 85 of the children simply refused an application, or refused information about KidCare. There were 99 additional children for whom there is no indication of place in the application process or what their status might be.

Figure II

Application Status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Refused application	85	6.7	6.7	6.7
Application completed	242	19.0	19.0	25.7
Application pending	185	14.5	14.5	40.2
Unknown	96	7.5	7.5	47.7
Insured	451	35.4	35.4	83.1
Not Eligible	151	11.9	11.9	95.0
Undecided	64	5.0	5.0	100.0
Total	1274	100.0	100.0	

Figure III takes the numbers a step further in that it actually establishes that 1,025 children, out of the 1,033 children identified, were eligible for enrollment, based on their ability to demonstrate having a social security number and based on their family's income,

for the KidCare program. What this means is that upon closer inspection, the 9 remaining children must not have been eligible for Florida's KidCare program, possibly because of income although the data is unclear as to what the reason might be.

Figure III

Eligible for KidCare?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	167	13.1	14.0	14.0
	yes	1025	80.5	86.0	100.0
	Total	1192	93.6	100.0	
Missing	System	82	6.4		
	Missing				
	Total	82	6.4		
Total		1274	100.0		

In looking at the insured children against their application status, we find that a total number of 375 children were already in the Medicaid system. [See Figure IV]. Out of these children, 364 were already covered under Medicaid while the remaining 11 children were somewhere in the application process. There were 80 children eligible for Healthy Kids--with 28 of these children already covered under it, 22 had completed an application, 12 had an application pending, and the families of the remaining 20 children either refused an application or were undecided as to whether to apply for it. Twelve (12) children were eligible for private insurance, with 3 of them having a pending application, while 29 children were insured under an undetermined plan, different from Florida's KidCare. However, there were also 708 children who were not yet insured. Out of these uninsured children, it was evident that 151 children were not eligible for KidCare. But outreach workers helped to complete an application for 211 more children while 152

children had their application pending. The families of sixty-two (62) of the children refused an application. Finally, there is not enough information on 80 of the children to get an understanding as to where in the application process they might be.

Figure IV

Insurance Status of those in the Application Process

Count		Application Status						Total	
		Refused application	Application completed	Application pending	Unknown	Insured	Not Eligible		Undecided
Insured?	Not insured	62	211	152	81		151	52	709
	Medicaid	3	6	2		367			378
	Medi Kids		3			5			8
	CMS					13			13
	Healthy Kids	6	22	12		28		12	80
	Private			3		9			12
	Insured				3	29			32
	Other								
Total		71	242	169	84	451	151	64	1232

The following four graphs give a breakdown by percentage of the numbers discussed in Figures I - IV by documentation status, determination of eligibility for KidCare, application status, and whether the children identified were insured when the outreach workers met with the families. Generally, what can be seen through the data is that the majority of the migrant children identified by the outreach workers have a legal documentation status--which means that they are eligible for enrollment in Florida's KidCare program; and that approximately 50 percent of the children identified were already insured or had an application pending. Of the remaining half of the migrant

children identified, only 12 percent were found to be ineligible for the KidCare program. Outreach workers were able to assist the families to file an application for enrollment for 19 percent of the children. The remaining 19 percent is very significant because the families for these children either refused an application, were undecided about applying, or their status is unknown.

Figure V

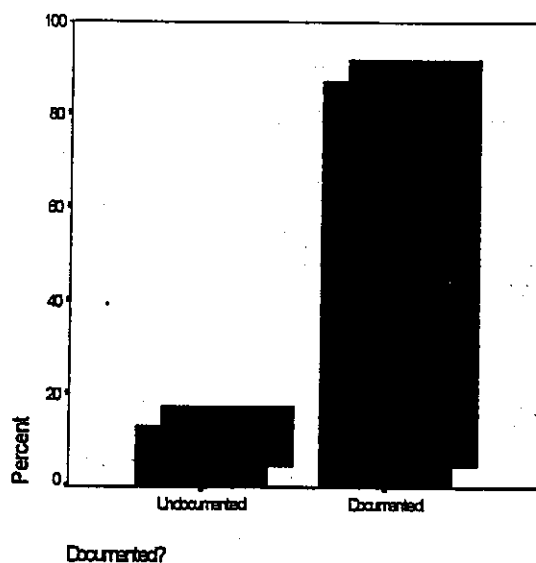


Figure VI

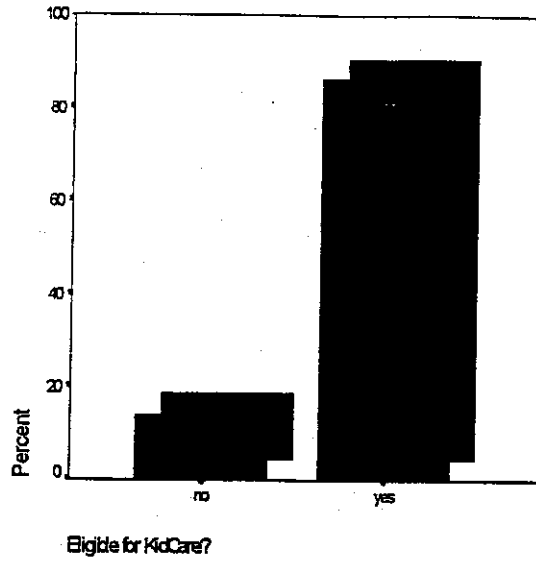


Figure VII

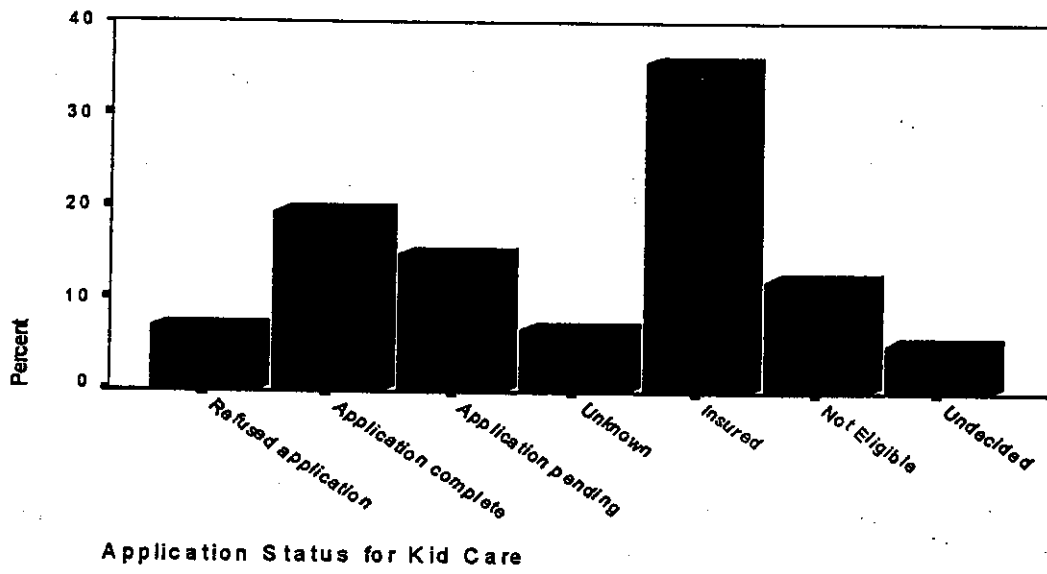
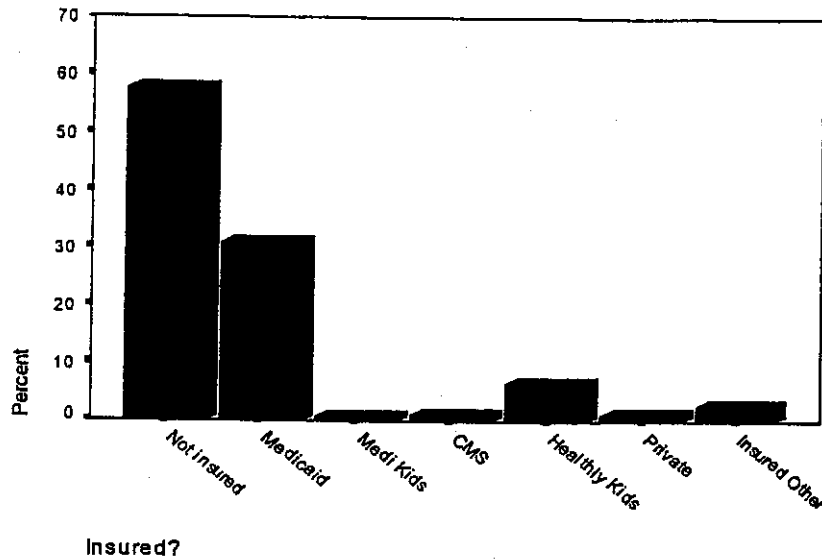


Figure VIII



E. Findings

As is evident from the data, FHS was unable to enroll 4,500 children in the KidCare program. This figure is quite high, considering the number of outreach workers, the number of counties where the project took place, and the limited period of open enrollment. However, FHS was able to identify a total of 1,274 children. Because the migrant and seasonal population is normally difficult to track due to its mobility, it was important that FHS focus its outreach work on six of the counties where migrant families live and work. By identifying 1,274 children whose families live and work, at least part of the year in those counties, FHS was able to add validity to the Migrant Education Program's and the WIC Program's already significant numbers of migrant and seasonal farmworkers and their families in the area.

More important, with the data collected by the outreach workers, FHS was able to break down the number of migrant children identified into those that are insured and those that are not. First, FHS has confirmed that the majority of the migrant children are eligible for children's health insurance, particularly in the form of Medicaid. Further, the outreach workers then were able to enroll 19 percent of those children and to identify an additional 19 percent who need to be reached by Florida's Department of Health and/or KidCare program for possible enrollment. It is important to identify the causes as to why this number of migrant families would refuse information or would want additional time to consider enrolling their children into the KidCare program. The data reported does not provide sufficient information to explain the reasoning by the families.

The State of Florida has managed to create one application for all the programs under KidCare, however, in practice the process of applying for KidCare is still complicated by the 6 to 8 weeks delay in notifying the families that a child is enrolled in the program. For those migrant and seasonal families whose primary residence is Florida, the single open enrollment period is an obstacle for enrolling their children in KidCare because they leave the state for migratory work during the period of open enrollment. For those families migrating only within the State of Florida, KidCare is available to move as they move from county to county, so long as the program they are enrolled in (i.e. MediKids) is available in those counties. The application is available in English and in Spanish but as of the time of this report not yet available in Creole. However, the state does have a toll-free telephone number with operators able to speak to the community in either English, Spanish, or Creole. The application itself still requires the parents' social security number along with the social security numbers of the children. It is assumed,

however, that at least so long as the outreach workers were involved, they were able to assure the parents that only the social security numbers of the children were necessary. Public education regarding this fact is necessary for those migrant families that were not reached by the outreach workers as part of the CHIPER Project. General awareness of the special needs of the migrant and seasonal population, on the part of Florida's KidCare, is important for both its outreach efforts and its further development of the programs available.

1999 Poverty Guidelines for the 48 Contiguous State and the District of Columbia

Size of family unit	Poverty Guideline
1	\$ 8,240
2	\$11,060
3	\$13,880
4	\$16,700
5	\$19,520
6	\$22,340
7	\$25,160
8	\$27,980

For family units with more than 8 members, add \$3,520 for each additional member.

Important Information about Medicaid

The following is important information about your rights and responsibilities you need to know if your children are eligible for Medicaid:

The information I give on the application is true and correct to the best of my knowledge. I realize that if I give information that isn't true or if I withhold information and my children get health benefits for which they are not eligible, I can be lawfully punished for fraud. I may also have to pay Medicaid back.

I understand that the information I give about our income and family situation will be checked, including computer matches. I agree to let the Department of Children and Families get needed information. I agree, under penalty of perjury, that everything on the application is true as best I know it. I know that Social Security numbers will be given to other government agencies to get information needed to prove eligibility.

I agree to notify the Department of Children and Families within 10 days if there are any changes in: the people who live in our home; where we live or get our mail; our income; or our health insurance.

I understand that if my children are not found eligible for Medicaid using the Florida KidCare application, I can contact the local office of the Department of Children and Families to see if my children are eligible for Medicaid on some other basis.

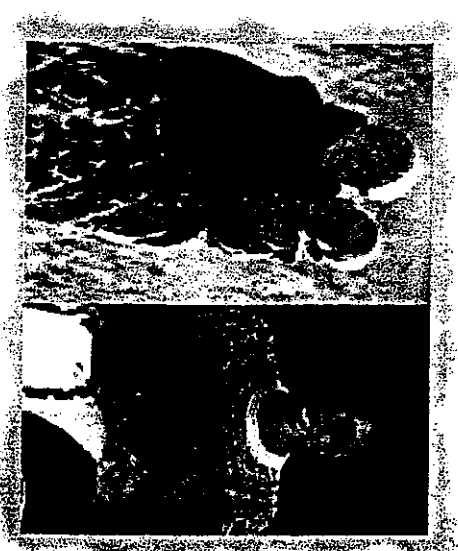
I give permission for Medicaid to: collect payments from anyone who is supposed to pay for that care; and share medical information on my children with any insurance company to get the medical bills paid.

I know that Medicaid cannot discriminate because of race, color, sex, age, disability, religion, nationality, or political belief.

I know that I can ask for a Fair Hearing from my Department of Children and Families worker if I think the decision made on my case is unfair, incorrect, or made too late.



P.O. BOX 980
TALLAHASSEE, FL 32302-0980



FLORIDA KIDCARE

HEALTH INSURANCE FOR
UNINSURED CHILDREN



WWW.FLORIDAKIDCARE.ORG
1-888-540-KIDS

Good news for Florida's families!

Your child may be eligible for health insurance through Florida KidCare, even if one or both parents are working. Getting health insurance for your children before they get sick is very important. Children need to have regular check-ups to make sure they are growing strong and healthy. Healthy children do their best at school and play.

What is Florida KidCare?

Through Florida KidCare, the State of Florida offers health insurance for uninsured children from birth through age 18. It includes four different parts, or programs. When you apply for the insurance, the KidCare office will check which program your child may be eligible for:

MediKids: for children under age 5.

Healthy Kids: for children age 5 through 18, available in most counties.

Children's Medical Services Network: for children from birth through 18 who have special health needs or ongoing medical conditions.

Medicaid: for children from birth through 18.

Note: Eligibility for some KidCare programs is based on income.



How do I apply?

It's easy. Fill out the simple Florida KidCare application form and mail it as soon as possible. Some programs have enrollment periods with deadlines, and some have limited space. Applications are accepted on a first-come, first-served basis. If you would like an application, call 1-888-540-KIDS.

Note: If you are pregnant, apply now for your unborn child by writing "unborn" in name blocks in Section 2 of the application.

How much do I pay each month for coverage?

- There is no charge for Medicaid.
- For other Florida KidCare programs, monthly premiums depend on your household's size and income. Most families pay \$15. If you need to pay more, we will let you know.
- You may have to pay small charges or co-payments for some services.

What services are covered?

Here are some services Florida KidCare covers:

- doctor visits
- check-ups
- shots
- hospital surgery
- prescriptions
- vision
- hearing
- mental health
- emergencies



What happens after I send in the application?

- Within one week, we will mail a notice that we received your application. It will take several weeks to process the application.
- We will check to see if your children might be eligible for Medicaid. If your children are eligible, you will receive more information.
- If any of your children are eligible for other Florida KidCare programs, we will let you know.

When does coverage start?

- If your children qualify for Medicaid, coverage begins in the month your application is received. Medicaid may also pay for some medical services your children have already received.
- Coverage for MediKids, Healthy Kids and Children's Medical Services Network begins after the application is processed and approved. We will let you know when the insurance begins. These Florida KidCare programs will not pay for medical services your children received before the starting date.



Where will my children get medical care?

All Florida KidCare programs use selected doctors, hospitals, therapists, or health plans to provide services. In some areas of Florida, you may be able to choose from more than one health plan.



SECTION 3. ABSENT PARENT INFORMATION

Please fill out if any children listed in the application have a parent not living in the household.
If there is more than one absent parent, please attach the information on a separate sheet of paper.

If you do not want to give this information please check this box. If you do not give this information, it will not affect your child's eligibility.

Absent Parent's:

Name _____ Social Security Number _____ Date of Birth _____

Child's Name: _____

SECTION 4. HOUSEHOLD INFORMATION

1. In the last 30 days: did you move to Florida? Yes No did you adopt one of the children listed above? Yes No
did you lose health insurance for a child listed above? Yes No If Yes, explain _____

2. If you are applying for an unborn child, what is the due date? _____

3. Are you adding a child to an existing Florida KidCare account? Yes No

4. Number of adults living in your household: _____ Number of children: _____ Total: _____

Answer the following question only if you think you are eligible for Medicaid:

5. Do your children have any unpaid medical bills from the past three months? Yes No

SECTION 5. INCOME WORKSHEET

List all income received by parents and children listed on this application. Do not list income for anyone outside of this household. Be sure to show the amount of income before deductions. Use an extra sheet if needed. If you need help filling this out, call toll-free 1-888-540-KIDS. (Write in the monthly amount for each kind of income.)

NAMES	MONTHLY INCOME BEFORE TAXES					MONTHLY TOTALS (Add up for each name)
	Monthly Income from Work	Monthly Child Support	Monthly Social Security	Monthly SSI	Monthly workers' comp, pension, retirement, unemployment, other	
Total Monthly Household Income (Add all TOTALS.)						

SECTION 6. DAY CARE

Below, list the payments made for child care (or care for an adult with disabilities) so that someone in your household can work.

Name of Person Who is Working	Name of Person in Care	Under age 27, Yes/No	Monthly Amount of Child Care Payment

SECTION 7. MONTHLY PREMIUMS

There is no monthly cost for Medicaid. There is a minimum \$15 monthly premium for MediKids, Healthy Kids, and Children's Medical Services Network. Unless you are applying for Medicaid only, we suggest you send a check or money order for \$15 with this application, to avoid delaying your child's coverage. If you are denied coverage or are approved for Medicaid, the \$15 will be refunded.

SECTION 8. CERTIFICATION AND AUTHORIZATION

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that the information will be kept confidential in accordance with Florida and federal law. I authorize the release of personal, financial, and medical information for the purpose of determining eligibility and for research. I understand the information I provide will be verified, which may include computer file matching and that I may be requested to provide other information. I have read and understand my rights and responsibilities as they apply to the Medicaid program.

Signature of Parent or Guardian: _____ Date: _____

A check or money order for \$15 made payable to Florida KidCare is enclosed: Yes No

Mail to: Florida KidCare, P.O. Box 980, Tallahassee FL 32302

What language do you prefer to receive materials? (check one) English Spanish Creole

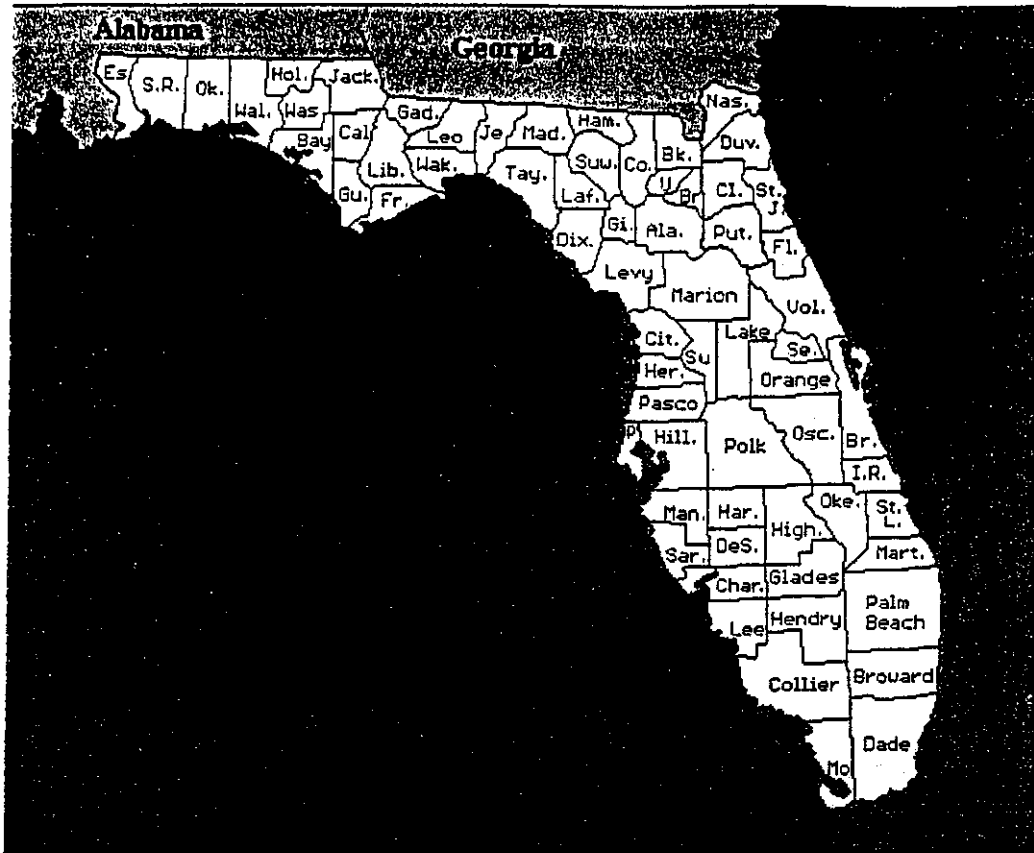
Where did you hear about Florida KidCare? School Friend/Family TV/Radio Newspaper Health Care Provider

Other _____

This application is available on-line at www.floridakidcare.org

IF YOU HAVE QUESTIONS, CALL 1-888-540-KIDS. THIS CALL IS FREE.





MIGRANT AND SEASONAL FARMWORKER PARTICIPATION
 BY COUNTY IN THE WIC PROGRAM
 AND THE MIGRANT EDUCATION PROGRAM IN THE
 STATE OF FLORIDA

COUNTY	total school children	WIC participants	total children	divided 2.2	total members of migrant families	single male migrants	total family members and single males	Seasonal farmworkers	TOTAL Migrant and Seasonal Farmworkers
alachua	202	8	208	95	303	76	378	1199	1577
baker	22	0	22	10	32	8	40	1951	1991
bay	95	3	98	45	143	30	178	187	305
bradford	42	3	42	18	81	15	76	785	861
brevard	36	6	41	19	60	15	75	1543	1618
broward	990	55	1045	475	1520	380	1900	2948	4848
calhoun	10	3	13	6	19	5	24	480	484
charlotte	0	7	7	3	10	3	13	1281	1294
citrus	73	2	75	34	108	27	136	619	655
clay	98	3	101	46	147	37	184	2002	2186
collier	8755	1885	8440	3836	12278	3069	15346	7808	23153
columbia	37	3	40	18	68	15	73	810	883
dade	3270	418	3688	1878	5384	1341	6705	9049	16854
dasoto	682	372	1034	470	1504	376	1880	2698	4578
dixie	93	0	93	42	135	34	169	70	239
duval	56	31	87	40	127	32	159	923	1081
escambia	403	7	410	186	596	148	745	399	1143
flor	29	2	31	14	45	11	56	468	524
franklin	0	0	0	0	0	0	0	0	0
gadsden	410	134	552	251	803	201	1004	3752	4756
glades	05	0	05	30	95	24	118	772	890
gulf	197	19	216	98	314	79	393	2398	2799
hannahan	2	0	2	1	3	1	4	0	4
hardee	115	15	130	59	189	47	236	398	634
hendry	2715	717	3432	1560	4992	1248	6240	5298	11538
hernando	2080	425	2505	1130	3644	911	4555	7108	11663
highlands	0	0	0	0	0	0	0	3146	3146
hillsborough	1371	374	1745	793	2538	635	3173	4539	7712
holmes	5678	1342	7021	3191	10212	2553	12765	8812	21577
indian river	5	2	7	3	10	3	13	881	894
indian river	813	147	766	345	1105	276	1382	4094	5476

Washington	432	1	853	383	1228	307	1533	450	1803
TOTALS	53765	9268	63024	28667	91871	22919	114589	252583	367172
Sources:									
	Jan 1997 WIC Participation Figures								
	1995-96 Migrant Education Figures								
	Average Family Size from Jan 97 survey of migrant child care providers								
	Single Males (25% of family member totals) from 1991-93 IFAB Wage Survey								
Updated 2/97									
JEM 7-1708									

CHILD HEALTH INSURANCE PROGRAM EDUCATION & REGISTRATION
CHIPER WEEKLY REPORT

NAME: _____

OF HOURS WORKED: _____

DATE: _____

OF FAMILIES VISITED: _____

OF CHILDREN IDENTIFIED: _____

OF ALL THE CHILDREN IDENTIFIED

ELIGIBLE: _____

NOT ELIGIBLE: _____

INSURED WHEN INTERVIEWED: _____

OF PARENT(S) PROVIDED INFORMATION: _____

OF APPLICATIONS COMPLETED: _____

OF CHILDREN IDENTIFIED DURING OPEN ENROLLMENT: _____

OF FAMILIES REFUSED INTERVIEW: _____

Sign: CSW: _____

Supervisor: _____

RCMA/MHOP2