



**Novant Health  
Community Care Cruiser**

To learn more, visit  
[www.novanthealth.org/cruiser](http://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 **Mallard Creek High School** to provide childhood immunizations free of charge to qualifying students. To participate, please complete the attached forms and return the center representative by **Thursday September 29, 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 at various locations.

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

Thank you!

Sincerely,

The Novant Health Community Care Cruiser team

# **\*\*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