

Health Insurance premiums.

CHILD'S NAME	INSURANCE COMPANY	POLICY NUMBER	DATE PAID	AMOUNT PAID	COVERAGE PERIOD

Confidential Information

DCS will disclose the expense records to the parent who is required to pay. Delete any personal information from the records that you do not want disclosed. Keep the originals or copies (with all information visible) of the records for future use.

- Examples include your address, telephone number, and sensitive medical information.
- White out all personal information you do not want disclosed to the other party to your case.

DATE

YOUR SIGNATURE

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.