



Prosper Health Coverage

A program of Foundation Communities

Consumer Referral Form

MARKETPLACE HEALTH INSURANCE / MEDICAID / CHIP / FC Resident PAP

Referring Partner: _____

Office Contact: _____

Contact Phone: _____ Email: _____

CLIENT INFORMATION

Name: _____ Best Contact #: _____

Alternate Contact (if applicable): _____

Email: _____ Preferred Language: _____

REFERRAL NOTES

Prosper Health Coverage is a program of Foundation Communities, a local nonprofit that has been helping families succeed since 1990. Prosper Health Coverage Navigators in our federally-certified Navigator program, funded by the Centers for Medicare and Medicaid Services (CMS), assist community members with **finding, applying for, and using Marketplace health insurance or other public health programs** like Medicaid, CHIP, Federally Qualified Health Center's (FQHC) and others. We offer **enrollment, education, and advocacy** services all year. We have no income requirements, immigration status requirements, or geographic restrictions, and we are certified to assist anyone in Texas in all languages, over the phone or in-person. ***All are welcome and all of our services are free!***

Client Authorization: I authorize the release of my contact information and other details specified in this document to Prosper Health Coverage. I understand that this will allow a Navigator with Prosper Health Coverage to contact me about health insurance and related issues.

Client Signature: _____ Date: _____

OR Verbal Permission Given to: _____ Date: _____

PROSPER HEALTH COVERAGE

Program Line: 512-381-4520

Fax: 512-447-0288

Email: enroll@foundcom.org

Web: ProsperHealthCoverage.org

APPOINTMENTS AVAILABLE ALL YEAR

North: 5900 Airport Blvd, 78752

- Across from ACC Highland

South: 2900 South IH-35, 78704

- On the South I-35 Frontage Rd. just South of Oltorf