

STATEMENT OF HEALTH INSURANCE AVAILABILITY

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

1. *Child[ren]*

The following child[ren] [is/are] the subject of this suit:

Name: _____

Birth date: _____

Social Security number: _____

Name: _____

Birth date: _____

Social Security number: _____

Name: _____

Birth date: _____

Social Security number: _____

2. *Health Insurance Availability*

Private health insurance is in effect for the child[ren],

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.

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.

Name of insurance company:

Policy number: _____

Party responsible for premium:

Monthly cost of premium: \$_____

The insurance coverage 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 \$_____].*

_____, mother of the child[ren], [has/does not have] access to private health insurance at reasonable cost to her.

_____, father of the child[ren], [has/does not have] access to private health insurance at reasonable cost to him.

_____ has applied for _____[Medicaid benefits for the child[ren]]*[and]*[coverage for the child[ren] under Children's Health Insurance Program]*. The status of the application is

_____.

Date: _____.

Printed
Name: _____