

Can't afford health insurance or having trouble enrolling? TELL US YOUR STORY.

Stories are powerful! They help others understand why health insurance is important or how it can be improved. Personal stories are often more compelling than data. The **Children's Defense Fund-Ohio** wants to hear your story or the story of someone you know. Are you or someone you know among the 40 million people in America without health insurance? Are you having trouble getting it or unable to afford care? Please share your story or theirs with us today. Only by telling our elected officials about real-life stories will we be able to make changes in the way our children live. Please take a moment to answer the following questions:



CDF Action Council

PLEASE NOTE: We will never give your name, phone number, or personal information to ANYONE without your approval.

Name: _____ Date: _____

Phone: (Day) _____ (Evening) _____

Address: _____ E-mail: _____

Names of your children ages 0 to 19: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

What language(s) do you speak? (list primary language first): _____

Please also provide the following information, if you feel comfortable:

Race/Ethnicity: _____ Sex: Male/Female Age: _____ Approx. Yearly Income: _____

Do your children have health insurance now? **YES** **NO**

If yes, what type is it? _____

If no,

What has prevented your child from getting health insurance? _____

How long have your children been without insurance? _____

How do you get health care for your children? _____

Was there a time when your children did not have health insurance? **YES** **NO**

If yes,

What prevented you from getting health insurance? _____

How long did they go without insurance? _____

How did you get health care for them? _____

Please tell us about your situation. Include as many details as possible about the problems you are facing. Include unemployment, homelessness, hunger, child care, medical, and any other difficulties you have.

If a reporter wants to interview you, are you willing to use your real name? **YES** **NO**

Do you know anyone else who has a story to share with us? **YES** **NO**

If **YES**, Name: _____ Phone: _____

Return to: 395 E. Broad St, Suite 330, Columbus, OH 43215. Fax to 614.221.2247. Questions? Call 614.221.2244/email cferguson@cdfohio.org

Thank you for sharing this information with CDF-Ohio!