

Reading can open many doors for your child! We want to encourage the love of reading with our Reading Scholarship program. To apply for your child, please fill out this form. Have your child's teacher sign the form. Then send it back to Children's Medical Services Health Plan in one of the three ways listed below.

To qualify, your child must be in school at any level from kindergarten to the fifth grade.

,, (parent/caregiver) on

(Print Name)

Date

give my child permission to take part in the reading program, if selected.

Tell us why you feel your child would benefit from this program:

Child Information

Subscriber ID (find this on your child's plan ID card):
First name/last name:
Address, city, state, ZIP code:
Caregiver signature:
Student signature:

(continued on back side)

To Be Signed By Teacher

I, _____, (student's teacher) on _____

(Print Name)

Date

agree that this student would benefit from this scholarship.

Submit Your Application

Send the form back to us in one of three ways ...

- **1.** By Fax: 1-888-338-3373
- 2. By Email: CaidProdMgmt@sunshinehealth.com
- By Mail: Children's Medical Services Health Plan
 P.O. Box 31419, Tampa, FL 33631

The Children's Medical Services Health Plan has partnered with Sunshine Health to provide managed care services to our members. Sunshine Health is a licensed Florida health plan.

Children's Medical Services Health Plan provides free aids and services to people with disabilities, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic and other formats), and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

This information is available for free in other languages. Please contact Member Services at 1-866-799-5321, TTY 1-800-955-8770 Monday through Friday, 8 a.m. to 8 p.m.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-799-5321, TTY 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m.

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Children's Medical Services Health Plan, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-866-799-5321 (TTY 1-800-955-8770).

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Children's Medical Services Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-799-5321 (TTY 1-800-955-8770).