

**STATEMENT OF HEALTH AND DENTAL INSURANCE AVAILABILITY**

This statement is made by \_\_\_\_\_, in accordance with sections 154.181 and 154.1815 of the Texas Family Code.

1. *Child(ren)*

The following child(ren) is/are the subject of this suit:

Name:	_____	Name:	_____
Birth date:	_____	Birth date:	_____
Social Security #:	_____	Social Security #:	_____

Name:	_____	Name:	_____
Birth date:	_____	Birth date:	_____
Social Security #:	_____	Social Security #:	_____

2. *Private Health Insurance Availability*

Private health insurance \_\_\_ is in effect \_\_\_ is not 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.

3. *Medicaid*

The child(ren) \_\_\_ is/are \_\_\_ is/are not receiving Medicaid benefits.

4. *C.H.I.P.*

The child(ren) \_\_\_ is/are \_\_\_ is/are not receiving C.H.I.P. health benefits coverage.  
The cost of the premium is \$\_\_\_\_\_.

5. *Dental Insurance Availability*

\_\_\_\_\_ Dental insurance is in effect in effect for the child(ren):

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Party responsible for premium: \_\_\_\_\_

Monthly cost of premium: \_\_\_\_\_

The insurance coverage \_\_\_ is provided \_\_\_ is not provided through a parent's employment.

\_\_\_ Dental insurance is not in effect for the child(ren):

\_\_\_\_\_, \_\_\_ mother \_\_\_ father of the child(ren):

\_\_\_ does \_\_\_ does not have access to private health insurance at reasonable cost to him/her.

\_\_\_\_\_, \_\_\_ mother \_\_\_ father of the child(ren):

\_\_\_ does \_\_\_ does not have access to private health insurance at reasonable cost to him/her.

Date: \_\_\_\_\_.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name