

# Free Application Assistance for Health Care Coverage FOR FAMILIES IN SANTA CLARA COUNTY



Your family may qualify for: medical, vision, dental, prescription health services. Call us for more information.

## REQUIREMENTS | YOU WILL NEED:

1



Proof of income

4

Household must meet income requirement

If you are a household of 4 or less, the whole family (adults and children) may qualify for Medi

2



Proof of Address

3



Birth Certificate

5



Live in Santa Clara County

No Contact/Over the Phone  
No in-person appointment needed

Call us at:  
1-877-557-0093  
English, Español, Vietnamese

visit us at [www.hkidsf.org](http://www.hkidsf.org) to learn more.

4040 Moorpark Avenue, Suite 100 | San Jose, Ca. 95117 | 408.564.5114

# Asistencia Gratuita Para Completar La Solicitud De Cobertura Médica PARA LAS FAMILIAS DEL CONDADO DE SANTA CLARA



## REQUISITOS | USTED NECESITARÁ:

1



4

2



3



5



Sin Contacto/Por el Telefono  
**No Se Necesita Cita**  
En Persona  
Llamos al:  
**1-877-557-0093**

Giúp  ng ký mi  n phí b  o hi  m y t  
CHO GIA  ÌNH  QU  N H  T SANTA CLARA

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