

To Receive Your Gift Card

- Complete the parent/guardian portion of the form below and have your health care provider complete the provider portion.
- Mail the completed form to Hennepin Health within 90 days of your baby's sixth child checkup visit.
- Hennepin Health will mail you a gift card within four to six weeks. If you do not select a gift card choice, one will be selected for you. Lost or stolen gift cards will not be replaced.

Child & Teen Checkup: 0 to 14 Months

You can earn a \$50 gift card if the following applies to you:

- Your baby is a Hennepin Health member at the time of her/his child checkup visit
- Your baby goes to the doctor for six child checkup visits before she/he is 15 months at the ages of 0-1, 2, 4, 6, 9 and 12 months old

Questions?

Call Hennepin Health Member Services at 612-596-1036 or 1-800-647-0550 (TTY: 1-800-627-3529).

Fill out this form with your doctor



| CHILD & TEEN CHECKUP 0-14 MONTHS VOUCHER | | | | | | |
|--|--------------------|--|---------------|--|---------------------------------------|--|
| To Be Completed by Parent/Guardian | | | | | | |
| Child's First Name | | Middle Initial | | Last Name | | |
| Child's Date of Birth | | Child's ID Number | | | Telephone Number | |
| Street Address | | | | Apartment # | | |
| City | | State | Zip Code | Gift Card Choice <input type="checkbox"/> Target <input type="checkbox"/> Walmart | | |
| Parent/Guardian First Name | | Middle Initial | | Last Name | | |
| To Be Completed by Clinic Staff | | | | | | |
| 1 | 0-1 Month Checkup | | | 4 | 6-Month Checkup | |
| | Provider Signature | | Date of Visit | | Provider Signature Date of Visit | |
| 2 | 2-Month Checkup | | | 5 | 9-Month Checkup | |
| | Provider Signature | | Date of Visit | | Provider Signature Date of Visit | |
| 3 | 4-Month Checkup | | | 6 | 12-Month Checkup | |
| | Provider Signature | | Date of Visit | | Provider Signature Date of Visit | |
| Clinic Name/Clinic Stamp | | Hennepin Health Use Only Approved by: | | Is the child up to date on blood-lead testing? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

This rewards program may change without notice. Call Member Services for the most recent information.

612-596-1036

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំពត់សំគាល់ ៗ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះ រងាយស្រួលក៏សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។
Paznja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyem. Yog hais tias koj xav tau kev rab txhais lus rau tsab ntaub nlawv no rub dawb, ces hu rau tus najrawb xov tooj saum toj no.

ໂປຣຕຊາບ. ຖ້າຫາກາ ທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທສ ໄປທ້າຍເລກຂ້າງເທິງນີ້.

Hubachisa. Dokumentin kun bilisa akka siif hinkamu gargarsa hoo feete, lakkoobsa gubbati kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Dignin. Naddii aad u baahantahay saawimaad lacag-la'aan ah ee tarjumaadda qoraalka, lambaraka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

This information is available in other forms to people with disabilities by calling 1-800-647-0550 (toll free), or 1-800-627-3529 (TTY), or 711, or through the Minnesota Relay direct access numbers at 1-800-627-3529 (TTY Voice, ASCL, hearing carry over) or 1-877-627-3848 (Speech to Speech relay services).

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Child & Teen Checkup
(0 to 14 months)
Voucher - \$50 Gift Card

