

Family Planning Medicaid Waiver

August 2011 Order Form For Free Materials

Ordering Tips

- Specify both the # of packs and total quantity, for example:
for P12E, 5 packs = 500 total
- No orders outside NC
- Keep a copy of your order
- Allow 3 weeks for delivery

Duplicate form as needed

Example: P12E 5 packs = 500 total

Title	Quantity	# Packs	Total	Item
Not Now "Single" Card English - orange	100 / pk			P12E
Not Now "Single" Card Spanish - green	100 / pk			P12S
Not Now "Family" Card English - purple	100 / pk			P13E
Not Now "Family" Card Spanish - blue	100 / pk			P13S
Not Now "Single" Poster English - orange	any	Not in packs		P14E
Not Now "Single" Poster Spanish - green	any	Not in packs		P14S
Not Now "Family" Poster English - purple	any	Not in packs		P15E
Not Now "Family" Poster Spanish - blue	any	Not in packs		P15S
HC/NCHC Application English limit 500	100 / pk			D6E
HC/NCHC Application Spanish limit 300	100 / pk			D6S

- ◆ **Not Now Cards:** folded 4¾" x 4½"; flat 14" x 4½"
- ◆ **Not Now Posters:** 11" x 17"
- ◆ **Applications:** Use the Health Check (Medicaid) / NC Health Choice applications to apply for the Family Planning Waiver, English and Spanish versions.
- ◆ Additional order forms may be downloaded at www.NCHealthyStart.org



- ◆ **Mail To:** Shipping Department
North Carolina Healthy Start Foundation
1300 St. Mary's St., Suite 204
Raleigh, NC 27605
- ◆ **FAX To:** 919-828-7470 ◆ **Shipping Department:** 919-256-3581

Name _____

Agency _____

Dept _____ Phone _____

Street Address _____

City _____ State _____ Zip _____ County _____

No delivery without street address. This is a: business address residential address
(Preferred)

PO Box _____ City _____ Zip _____

Please include PO Box if you have one.

Email _____ Order Date _____ Date Needed _____

Please include email address. If you don't have one, write NONE.