Center for Medicaid and CHIP Services/Tribal Affairs Division



American Indian and Alaskan Native Medicaid Enrollment Fact Sheet Customization Guide

Table of Contents

- Introduction
- Materials Selection
- Customization Options
- How to Request Customized Materials
- Example Email to Request Customization
- American Indian and Alaskan Native Medicaid Enrollment Fact Sheet Options

Introduction

These fact sheets can be used in outreach and enrollment assistance efforts to help families and individuals understand basic information about Medicaid and the Children's Health Insurance Program (CHIP). They describe who may be eligible for Medicaid and CHIP, the valuable health coverage benefits the programs provide and how to apply. The fact sheets also discuss specific protections for American Indian and Alaskan Native applicants and beneficiaries, and highlight the advantages of enrollment for families and for the community.

You can customize the materials for use in your community. You may insert the names used for these programs in your state, your website address and/or phone number, and up to two logos. You will receive your customized, high resolution PDF via email within five weeks.

Please see page 6 for detailed information on how to submit your request for customized materials.

Materials Selection

The following is a list of customizable American Indian and Alaskan Native Medicaid enrollment fact sheets with corresponding product numbers.

NAME	DESCRIPTION	VERSION	PRODUCT NUMBERS
American Indian		Mom Kissing Daughter	11831-N
and Alaskan	8 ½ x 11	1710111 121881118 2 111811101	110011
Native Medicaid	Fact Sheet	Male	11832-N
Enrollment	(Full Color)	Day Diding Diayala	11022 N
Fact Sheet		Boy Riding Bicycle	11833-N

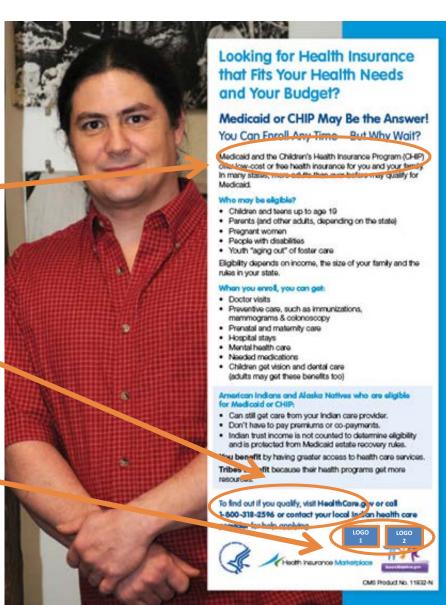
Customization Options

You may choose to insert your program name(s), your website address and/or phone number, and up to two logos. *Please Note:* You may request these changes on all customizable materials.

Your program name(s)

Your website and/or phone number

Up to two logos



How to Request Customized Materials

- 1. Send an email to Bonnie Hillsberg in the CMCS Tribal Affairs Division at Bonnie.Hillsberg@cms.hhs.gov with the subject line "Medicaid Enrollment Fact Sheet Customization Request."
- 2. In the body of the email, include the following:
 - Identify the product number(s) and name(s) of the material(s) you are customizing. Include the type of material (e.g., fact sheet).
 - Identify your program name(s)
 - Identify your website address and/or phone number
 - Attach up to two logo(s) as either a JPEG or EPS file
- 3. Bonnie will respond within a few days of receiving your request and contact you via email with any questions.
- 4. You will receive your customized, high-resolution PDF via email within five weeks.

If you have any questions, please contact Bonnie Hillsberg in the CMCS Tribal Affairs Division at Bonnie.Hillsberg@cms.hhs.gov with the subject line "Medicaid Enrollment Fact Sheet Customization Request for [Your Name]."

Example Email

To: Bonnie.Hillsberg@cms.hhs.gov

From: [Your Email Address]

Subject: Medicaid Enrollment Fact Sheet Customization Request

Dear Bonnie:

My name is [Insert Your Name] and I am with the [Insert Your Organization]. Can you please provide me with a customized version of the following Centers for Medicaid and CHIP Services/Tribal Affairs Division materials?

- 1. #11831-N. American Indian and Alaskan Native Medicaid Enrollment. Mom Kissing Daughter. Fact Sheet.
- 2. Program name: Medicaid and CHIP
- 3. My website and phone number: <u>www.KidsPlus.com</u>, 1-877-555-5555
- 4. Two logos are attached to this email with the following titles: <u>kidsplus.eps</u> and <u>localprogram.jpg</u>.
- 1. #11832-N. American Indian and Alaskan Native Medicaid Enrollment. Boy Riding Bicycle. Fact Sheet.
- 2. Please make the same changes to the fact sheet as requested above.

American Indian and Alaskan Native Medicaid Enrollment Fact Sheet Options

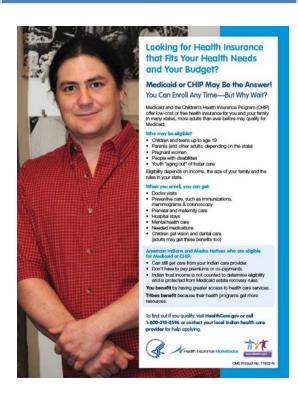
American Indian and Alaskan Native Medicaid Enrollment Fact Sheet

11831-N – Mom Kissing Daughter

11832-N – Male

11833-N – Boy Riding Bicycle







Thank You!

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