Children's Health Insurance Program (CHIP) Disenrollee Survey

1. Our records show that the child named in the letter is no longer enrolled in the Children's Health Insurance Program (CHIP). We understand there are many reasons why children may not be getting insurance through CHIP. Please check why your child is no longer enrolled.

   ☐ Child's age is 19 years or older.
   ☐ Child is ineligible because family income is *over* the income limit.
   ☐ Child is no longer in the home.
   ☐ I requested it closed. (please explain)_____
   ☐ I failed to re-enroll.
   ☐ I did not know I had to re-enroll.
   ☐ I had trouble completing the paperwork.
   ☐ I did not cooperate with program requirements.
   ☐ Child got other health insurance. Please list name of insurance_____
   ☐ Other (please explain) _____

2. If your child *does NOT currently* have health insurance, please check the reason why.

   ☐ Does not need insurance because they are basically healthy.
   ☐ Does not need insurance because we can pay for the care they need.
   ☐ Does not need insurance because we can get free health care. Please list who this care is provided by.
   _____
   ☐ We can not afford it.
   ☐ Medical problems/pre-existing conditions.
   ☐ Other (please explain)_____

3. If your child needs health care services and they *do NOT* have insurance, where will you probably go for that care?

   ☐ Hospital
   ☐ Emergency room
   ☐ Clinic/doctors office
   ☐ Other (please list)_____

4. In general, how satisfied were you with the CHIP application process?

   ☐ Very satisfied
   ☐ Satisfied
   ☐ Dissatisfied (please explain)_____
   ☐ Very dissatisfied (please explain)_____

5. Did your child have any check ups **not** related to *illness* or *injury* with their Primary Care Provider while they were enrolled in CHIP?

   ☐ Yes ☐ No

Please Turn Over and Complete the Other Side

6. When your child was enrolled in CHIP, how satisfied were you with the quality of care they received from their Primary Care Provider?

☐ Very satisfied ☐ Dissatisfied (please explain)_____
☐ Satisfied ☐ Very dissatisfied (please explain)_____
☐ Child was not seen during the time enrolled.

7. How satisfied were you with being able to schedule appointments with your child's Primary Care Provider when your child needed to be seen?

☐ Very satisfied ☐ Dissatisfied (please explain) _____
☐ Satisfied ☐ Very dissatisfied (please explain) _____
☐ Did not make any appointments while child was enrolled.

8. How satisfied were you with being able to see a specialist for your child when needed?

☐ Very satisfied ☐ Dissatisfied (please explain)_____
☐ Satisfied ☐ Very Dissatisfied (please explain)_____
☐ Child did not need any appointments.

9. How satisfied were you with being able to have your child see a dentist when needed?

☐ Very satisfied ☐ Dissatisfied (please explain)_____
☐ Satisfied ☐ Very dissatisfied (please explain)_____
☐ Child did not have any appointments while enrolled.

10. What is your child's name for these survey answers?_____

Comments: _____

_____

_____

Thank you for taking the time to complete and return this survey.

- If you are interested in re-applying or if you have questions regarding eligibility for the Children's Health Insurance Program for your child, contact the Department of Social Service (DSS) office in the county where your child lives or call 1-800-305-3064. Applications may be obtained at various community locations, and the internet as well as DSS offices. The internet address is: www.state.sd.us/social/medical/chip. The completed application can be mailed, faxed, or hand delivered back to the DSS office in the county where the child lives.

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