Are you a parent or someone in the household? Do you have a child? If yes:

1. **☐** Are you a Minnesota Health and Human Services (MnVFC) member?

   - ☐ Are you a Medical Assistance (MA) member?
   - ☐ Are you a MinnesotaCare member?
   - ☐ Are you a Prepaid Medical Assistance Plan (PMAP) member?

2. **☐** Are you a Minnesota Health Care Program (MHCP) member?

   - ☐ Medical Assistance (MA) member
   - ☐ MinnesotaCare (MN Care) member
   - ☐ Prepaid Medical Assistance Plan (PMAP) member

3. **☐** Are you a IHCS/tribal member?

   - ☐ Are you an IHCS/tribal member?

4. **☐** Are you a Federally Qualified Health Center (FQHC) member?

   - ☐ Are you a Federally Qualified Health Center (FQHC) member?
   - ☐ Are you a Rural Health Center (RHC) member?
   - ☐ Are you an Indian Health Service (IHS) member?
   - ☐ Are you a tribal health clinic member?

5. **☐** Are you a local public health clinic (LPH) member?

   - ☐ Are you a local public health clinic (LPH) member?
   - ☐ Are you a Federally Qualified Health Center (FQHC) member?
   - ☐ Are you a Rural Health Center (RHC) member?
   - ☐ Are you an Indian Health Service (IHS) member?
   - ☐ Are you a tribal health clinic member?

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10/2015