

**Directions:** Please complete template each month by the pre-determined date established by your children’s health insurance enrollment team. **Simply report the numbers you have for the last full month and indicate in the comments section the time period those numbers represent. DO NOT duplicate counts from previous months, each monthly submission is for NEW numbers only.**

SCHOOL AND CONTACT INFORMATION	
<b>School District:</b>	<b>Date Completed:</b>
<b>Name of Contact:</b>	<b>Email of Contact:</b>
<b>Title of Contact:</b>	<b>Phone of Contact:</b>
<b>1. UNINSURED STUDENTS: Number of uninsured students at the beginning of the school year.</b> (Per school enrollment form or other forms that provide baseline data. Report this number just once at the start of the school year. If you can report uninsured data by grade or age, please do so in the comment section.)	<b>Actual # at Start of School Year:</b>
	<b>Comments and Dates for #'s Reported:</b>
<b>2. AWARENESS OPPORTUNITIES: Estimate the number of people reached with children’s health insurance information this month.</b> (This number could include office visits, mailings, 1-on-1 encounters and attendance at health fairs.)	<b>Estimated #:</b>
	<b>Comments and Dates for #'s Reported:</b>
<b>3. REFERRALS: Actual or Estimated number of referrals made for health insurance enrollment.</b>	<b>Total # of Referrals for Enrollment:</b> <ul style="list-style-type: none"> <li>• Medicaid/CHIP:</li> <li>• Marketplace:</li> <li>• Community Clinics:</li> <li>• Community Health Partners:</li> </ul>
	<b>Comments and Dates for #'s Reported:</b>
<b>4. APPLICATIONS: How many new or renewal applications did you or your partners ASSIST WITH?</b>	<b># of New Applications:</b>
	<b># of Renewal Applications:</b>
	<b>Comments and Dates for #'s Reported:</b>
<b>5. ENROLLMENT: How many people did you or your partners successfully enroll in children’s health insurance?</b>	<b># of New Enrollments:</b>
	<b># of Renewed Enrollments:</b>

Comments and Dates for #'s Reported:

### BEST PRACTICES

6. What **SUCSESSES** did you have this month (e.g., methods for effectively tracking enrollment data, strategies for working with health enrollment partners)?

7. What **CHALLENGES** did you have this month (e.g., maintaining accurate contact information, tracking families through successful enrollment process)?

8. What **LESSONS** have you learned this month?

9. Record story collection ideas you are working on.

10. Please record any additional information you would like to share.