

**Ohio Family Coverage Coalition
Endorsement Form**

The following organization/individual endorses the Ohio Family Coverage Coalition's mission: Working with the public and private sectors to expand health care coverage for low income families and people by advocating affordable and adequate options.

The undersigned further supports the OFCC goals for 2005-2007:

1. To preserve and expand Medicaid eligibility and services for parents and pregnant women
2. To preserve and expand funding for the Disability Medical Assistance program
3. To maintain current eligibility and services for children
4. To develop a model and support for health coverage for adults without dependents
5. To remain an advocate for Medicaid

We oppose reductions in eligibility for Medicaid, support restoration of parents' eligibility and full dental services for adults, and support retention of all current Medicaid services, including dental, vision, and other health services for all adults and children on Medicaid, because providing coverage and services keeps people healthy and self-sufficient, as well as preventing more expensive complications. Health coverage benefits Ohio by:

- Stabilizing low-income working parents in entry-level jobs, leading to better health and increased opportunity for self-sufficiency, reduced absenteeism and turnover expenses for employers, reduced welfare caseloads, and increased well-being of their children.
- Providing health insurance to employees of small businesses unable to afford the high costs.
- Reducing preventable hospitalizations and disability, and premature death.
- Decreasing cost-shifting for care to the uninsured that drives up health care costs and insurance premiums.

Endorsing organizations are requested to designate a general contact person to represent the organization in OFCC, as well as a grassroots contact person for OFCC's grassroots committee to circulate action alerts and engage members in participating in grassroots activities of OFCC.

Name of Organization _____ Contact Person _____

Address _____

City _____ Zip Code _____

Phone _____ Fax _____ Email _____

Grassroots Contact Person (if different) _____

Phone _____ Fax _____ Email _____

**PLEASE MAIL OR FAX TO:
Ohio Family Coverage Coalition
C/O UHCAN Ohio
404 South Third Street Columbus, OH 43215**



H A V E A H E A R T O H I O

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