**NYC Human Resources Administration**

Office of Citywide Health Insurance Access (OCHIA)

**Become a Partner Form**

OCHIA is asking for your help in getting people access to health insurance in New York City. Please let us know how you can help us connect NYC residents to coverage and care!

**YES!** I/We agree to become a partner group and assist with the following:

[ ]  **Host a health insurance workshop for staff or community members**

[ ]  **Promote and distribute information on enrollment events at relevant workshops, meetings**

 **and other activities**

[ ]  **Display agency posters, brochures, or pamphlets, as appropriate, in a central location of our**

 **Organization**

[ ]  **Assist in planning enrollment events**

[ ]  **Feature a link to NYC Health Insurance Link on our website**

[ ]  **Include enrollment event information on our website**

[ ]  **Promote upcoming events on social media outlets (e.g. Twitter, Facebook)**

Name of Organization:

Contact Person: Click here to enter text.

Address: Click here to enter text.

Borough: Click here to enter text. Zip Code: Click here to enter text.

Telephone: Click here to enter text. Fax: Click here to enter text.

E-mail Address: Click here to enter text. Date: Click here to enter text.

Please e-mail us at ochia@hra.nyc.gov for more information and visit us online at [www.nyc.gov/hilink](http://www.nyc.gov/hilink).