



Dear Member's Parent/Guardian:

**Thank you for your interest in our Alcohol and Substance Abuse Treatment (ADA) Healthy Behaviors Rewards Programs.** You're getting this mailing because your child's case manager or doctor referred your child, you referred your child or you've found this on our website. Your child's health is important to us. We will support and reward your child for taking steps to better their health through our programs.

There are two separate ADA programs your child can join. Each program has different steps to follow to earn a reward. Read the program forms attached for details. Your child can enroll in one or both ADA programs if and when they like. It's your child's choice. When ready, just tell your child's case manager when you want to enroll in an ADA program.

When your child complete each program, they will get a gift card reward!

**Want to enroll?** Send us your child's enrollment form. To enroll your child in another program later, send us this form again. Download a copy from our website, [www.simplyhealthcareplans.com/floridahealthykids](http://www.simplyhealthcareplans.com/floridahealthykids).

**Then, follow these steps:**

1. See your child's case manager and follow the plan for each program in which your child has enrolled.
2. Fill out the form for each program in which your child has enrolled.
3. Let us know your child completed a program. Send the form to us in one of these ways:
  - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
  - Fax: 1-877-614-5321
  - Email: [HealthyBehaviors@simplyhealthcareplans.com](mailto:HealthyBehaviors@simplyhealthcareplans.com)
4. Get your child's reward!

**Have questions or need help?** Call us at 1-844-405-4298 (TTY 711) or email us at [HealthyBehaviors@simplyhealthcareplans.com](mailto:HealthyBehaviors@simplyhealthcareplans.com).

Enclosures:      Enrollment form  
                         Program forms  
                         Nondiscrimination notice  
                         Get help in another language





### Alcohol and Substance Abuse Treatment Healthy Behaviors Rewards Program 1 Form

After your child has enrolled in this program:

1. Complete an alcohol and substance abuse screening with your child's case manager.
2. Sign this form. Ask your child's case manager to sign it, too.

Sign your child's name \_\_\_\_\_ Date \_\_\_\_\_

Case manager's signature \_\_\_\_\_ Date \_\_\_\_\_

3. Send us this signed form in one of these ways:
  - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
  - Fax: 1-877-614-5321
  - Email: HealthyBehaviors@simplyhealthcareplans.com

**Then, get a reward certificate in the mail! You will use it to order your child's \$20 gift card.**  
Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

**Note:** Once your child has enrolled in this program, the steps listed above must be completed within 12 months to earn the reward.

**We want to stay in touch. Please tell us how to reach you.**

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Street address City State ZIP code

Primary parent/caregiver name: \_\_\_\_\_



**Alcohol and Substance Abuse Treatment Healthy Behaviors Rewards Program 2 Form**

After your child has enrolled in this program:

1. Tell us what your child did to get on the way to good health. Check the boxes below.  
 My child followed their care plan and stayed sober for 180 days.  
 My child took part in an Alcoholics Anonymous/Narcotics Anonymous (AA/NA) support group.  
 My child showed their AA/NA sobriety chip, signed attestation or similar proof to their case manager.
2. Sign this form. Ask your child's case manager to sign it, too.

Sign your child's name \_\_\_\_\_ Date \_\_\_\_\_

Case manager's signature \_\_\_\_\_ Date \_\_\_\_\_

3. Send us this signed form in one of these ways:
  - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
  - Fax: 1-877-614-5321
  - Email: HealthyBehaviors@simplyhealthcareplans.com

**Then, get a reward certificate in the mail! You will use it to order your child's \$50 gift card.**  
Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

**Note:** Once your child has enrolled in this program, the steps listed above must be completed within 12 months to earn the reward.

**We want to stay in touch. Please tell us how to reach you.**

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Street address City State ZIP code

Primary parent/caregiver name: \_\_\_\_\_