**Text

Description automatically generated**

# Text Messages

English

* Medicaid clients – Arkansas Medicaid will mail you a letter about your Medicaid coverage. Fill out the form and return it to Arkansas Medicaid right away to avoid losing Medicaid coverage if you are eligible. ar.gov/renew

Spanish

* Clientes de Medicaid – Arkansas Medicaid le enviará una carta sobre su cobertura Medicaid. Rellene el formulario y envíelo a Arkansas Medicaid rápidamente para evitar perder la cobertura Medicaid si es elegible. ar.gov/renew

Marshallese

* Ro rej kōjerbale Medicaid – Arkansas Medicaid enij jilkinwaj juon letta kake onean Medicaid eo am. Kanne pepa eo im karol ñan Arkansas Medicaid ilo ien eo emokaj tata bwe en jab jako Medicaid ñe kwoj maroñ in toprak. ar.gov/renew