

New Client Sign Up Form and Card Assignment
(PLEASE PRINT)

FIRST NAME: _____ M.I.: _____

LAST NAME: _____

DATE OF BIRTH: _____

TELEPHONE: _____

EMAIL: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GENDER: _____

ETHNIC STATUS (circle one)

African-American Asian-American Caucasian Hispanic Native-American Other

DISABILITIES: _____

ALLERGIES: _____

MARRIED – YES/NO

HEAD OF HOUSE – YES/NO

LIVE ALONE – YES/NO

LIVE IN RURAL AREA – YES/NO

Would you like to join our email mailing list? YES/NO

EMERGENCY CONTACT (Required)

NAME: _____

RELATIONSHIP: _____

TELEPHONE: _____

STAFF FILL OUT:

Card Number: _____

Staff Inputting Information: **I verify all information above is legible:** _____

Date: _____