WISEWOMAN
Enrollment Form

Enrollment/Clinic Site:____________________________________ Enrollment Date:________________

CLIENT CONTACT INFORMATION – Please write neatly so we can read it

Agency / Clinic ID #		MBCIS #:			
*** Legal Last Name**		*** Legal First Name**		M.I.	
Preferred Name		Maiden Name			
*** Date of Birth**		Gender	❑ Female ❑ Prefer Not to Answer ❑ Other ________		
Street Address		Apt. #		PO Box	
City		***State**		Zip Code	
*** County**		Preferred Language	❑ English ❑ Spanish ❑ Arabic ❑ Other____________________		
Social Security # *(SSN is used for billing/payment only):*					
*** Phone Number**	( ) Ext.	* ❑ Home ❑ Work ❑ Cell ❑ Text ❑ Other			
Alt Phone #	( ) Ext.	❑ Home ❑ Work ❑ Cell ❑ Text ❑ Other			
Email Address					
COMMENTS ~ *for agency or clinic use*					

***RACE & ETHNICITY** *~ select all that apply ~*	Are you **Hispanic** or **Latino**? ❑ Yes ❑ No ❑ Unknown ❑ Prefer Not to Answer

❑ White ❑ Black/African American ❑ Asian ❑ Arab/Middle Eastern ❑ American Indian/Alaskan Native
❑ Native Hawaiian/Other Pacific Islander ❑ Unknown/Did not Answer ❑ Prefer Not to Answer ❑ Other ________________

* HOUSEHOLD MEMBERS & INCOME *(Must be completed for program eligibility)*

* Client **Yearly Income**		* **Number of people** that the client's yearly income supports *(including client)*	

PROVIDER (PRIMARY CARE) INFORMATION

Do you have a regular Primary Care Provider (doctor/nurse practitioner/clinic)? ❑ No ❑ *Yes* ❑ Unknown
If Yes – Please fill out information below

Provider Name:		Provider Address:	

May we send results of your tests to your Primary Care Provider(s)? ❑ Yes ❑ No ______________________________

INSURANCE INFORMATION *(bring ALL cards with you)* - Please fax copy of card to program & retain in patient medical record

❑ No Insurance	❑ Referred to **HMP/Medicaid Expansion**	❑ Referred to **ACA Marketplace Insurance**

Insurance Name:

Contract #:		Group #:		Insurance Deductible Amt:	$

ADDITIONAL QUESTIONS *(Optional)*

HOW DID YOU LEARN OF THE PROGRAM? ❑ Primary Care Doctor ❑ TV/Radio ❑ Family/Friend ❑ 2-1-1 Website
❑ Google/Other web search ❑ Other ____________________________________

Enrolled in Entrepreneurial Gardening? ❑ Yes ❑ No