

**Contact Information**

Date of Birth

Today's Date

Name (First, Middle, Last)

Suffix

Maiden Name

Nickname

Email address

Social Security Number

Address

Apt #

City

State

Zip

Primary Phone Number

☐ Home☐ CellIs texting okay? ☐ Yes ☐ No

May we leave a message?

☐ Yes ☐ No

May we identify ourselves?

☐ Yes ☐ No

May we mail result or info to you?

☐ Yes ☐ NoIf we cannot contact you, please give us a 2<sup>nd</sup> person who we can contact you through:

Name

Phone Number

**Which of the following programs are you participating in? (Select all that apply)**Evansville Christian Life Center☐ Parenting☐ Clothing Resource Dept.☐ Getting Started☐ Fatherhood☐ Food Co-op☐ GAIN Network☐ Financial Potential☐ Accent on Christ – 12 Step RecoveryEvansville Christian Health Clinic☐ Pregnancy Services☐ Dental Services☐ Medical Services**Employment**☐ Full time☐ Part time☐ Unemployed☐ Unknown☐ Not of working age☐ Unemployed – seeking job opportunities☐ Employed – seeking job opportunities☐ Retired**Government Benefits**☐ HIP☐ Medicaid☐ Medicare☐ Section 8/other housing subsidy☐ SNAP☐ Social Security (SSI & SSDI)☐ TANF☐ Veterans benefits☐ WIC☐ None☐ Unknown**Other Current Income**☐ Child Support☐ Contract jobs for cash☐ Not verified☐ Retirement/pension☐ Unemployment☐ Veterans benefits☐ Other: \_\_\_\_\_**What was your household income this past year?**☐ Less than \$10,000☐ \$10,000 to \$14,999☐ \$15,000 to \$24,999☐ \$25,000 to \$34,999☐ \$35,000 to \$49,999☐ \$50,000 to \$74,999☐ \$75,000 to \$99,999☐ \$100,000 or more

**Gender**

- ☐ Female  
☐ Male  
☐ Non-Binary/Third Gender  
☐ Does not identify  
☐ Prefers not to say

**Marital Status**

- ☐ Divorced  
☐ Married  
☐ Separated  
☐ Single  
☐ Co-habiting  
☐ Widowed

**Race**

- ☐ African American  
☐ Haitian  
☐ Asian  
☐ Bi-racial  
☐ Caucasian  
☐ Middle Eastern  
☐ Native American  
☐ Pacific Islander  
☐ Did not disclose  
☐ Other

**Ethnicity**

- ☐ Hispanic - Yes  
☐ Hispanic - No  
☐ Prefers not to say

**Education**

- ☐ Some High School  
☐ High School Diploma/GED/HSE  
☐ Some College  
☐ College Degree  
☐ Graduate Degree

**Veteran Status**

- ☐ Yes – Veteran  
☐ No – Not Veteran

**Have you ever served time in jail/prison?**

- ☐ No  
☐ Yes

**Person to Notify in Case of Emergency**

Name	Relationship	Phone
Address	City	Zip

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

**Agreement & Confidentiality Statement**

- I will abide by the policies and procedures of the ECHC programs.
- I agree not to consume, use, possess, or be under the influence of any drug or alcohol products while using the ECHC programs.
- **For the privacy of our patients, our clinic, and its agents, we do not consent to any recording on the premises. Any violation of this policy may result in prosecution.**
- I understand that any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the ECHC programs can result in dismissal.
- I authorize the ECHC as a CharityTracker Participating Agency to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize the ECHC to share my dependent's basic identifying and non-confidential service transactions/information with other CharityTracker participating agencies.
- By signing below, I give ECHC permission to contact other agencies on my behalf.
- By signing below, I give consent for the ECHC to use my story and/or image, without payment, at the discretion of the ECHC for commercial purposes.
- By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_