

**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 2nd 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**

<input type="checkbox"/> Parenting	<input type="checkbox"/> Clothing Resource Dept.	<input type="checkbox"/> Getting Started
<input type="checkbox"/> Fatherhood	<input type="checkbox"/> Food Co-op	<input type="checkbox"/> GAIN Network
<input type="checkbox"/> Financial Potential	<input type="checkbox"/> Accent on Christ – 12 Step Recovery	

Evansville Christian Health Clinic

<input type="checkbox"/> Pregnancy Services
<input type="checkbox"/> Dental Services
<input type="checkbox"/> Medical Services

Employment

- Full time
- Part time
- Unemployed
- Unknown
- Not of working age
- Unemployed – seeking job opportunities
- Employed – seeking job opportunities
- Retired

Government Benefits

<input type="checkbox"/> HIP	<input type="checkbox"/> TANF
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Veterans benefits
<input type="checkbox"/> Medicare	<input type="checkbox"/> WIC
<input type="checkbox"/> Section 8/other housing subsidy	<input type="checkbox"/> None
<input type="checkbox"/> SNAP	<input type="checkbox"/> Unknown
<input type="checkbox"/> Social Security (SSI & SSDI)	

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: _____