Wise Choices
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