

Recovery Support Center Membership Form

Date Completed <i>(This is the Enrolment Start Date)</i>	
	MM / DD / YYYY

1. First Name:		Middle Initial:		Last Name:	
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2. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>	3. Birth Date: mm/dd/year / /
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4. SSN:	<i>If you do not wish to give your SSN or it is unknown, enter 999-99-9999</i>
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5. Highest Grade Completed							
Some schooling, no high school	<input type="checkbox"/>	High school diploma/GED	<input type="checkbox"/>	Associates degree	<input type="checkbox"/>	Other credential (degree, certificate)	<input type="checkbox"/>
Some high school	<input type="checkbox"/>	Some college	<input type="checkbox"/>	College degree or higher	<input type="checkbox"/>	No formal education	<input type="checkbox"/>

ADDRESS

6. Address Type: Home <input type="checkbox"/> Homeless <input type="checkbox"/>
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If Address Type is "Homeless", only enter the city/town and zip code where usually located

Street Address:	Unit:	
City/Town:	State:	Zip code:

DEMOGRAPHICS (Cultural Characteristics)

8. Are you Spanish/ Hispanic/Latino?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. What is your primary Ethnicity? <i>(For example, American, African, Chinese, Middle Eastern, Haitian, Cuban, Puerto Rican, etc.)</i> Specify one: _____	
10. What do you consider your race? <i>(For example, White/ Caucasian, Black/African American, Asian, etc.)</i> Specify <u>all</u> that apply to you: _____	
11. In what language do you prefer to read or discuss health related materials? <i>(For example, English, Spanish, Portuguese, Russian, Haitian Creole.)</i>	Specify one: _____

HOUSEHOLD CHARACTERISTICS – Default answers will be entered – Skip this section and got to Question 16

12. Number of adults in household: 1	13. Number of children living in Household: 0
14. Client Income: \$0	

INSURANCE (Return to Facesheet to access Insurance)

15. Insurance Type: Not Collected: <input checked="" type="checkbox"/>	Insurance Name: Other
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16. Phone: <i>Collected on paper only for membership, is not reported to state.</i>	(____) _____ - _____
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