

# CLIENT / MEMBER INFORMATION

PrimeLife Enrichment • 1078 Third Avenue SW • Carmel, Indiana 46032  
Phone 815-7000 / Fax 815-7007



## For office use only

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership Type:  Basic  Enhanced Membership Card # \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  
Paid by: Check # \_\_\_\_\_  Charge  Cash Membership Effective: \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Insurance #: \_\_\_\_\_ (att copy of insurance card) Entered in eTapistry: \_\_\_\_/\_\_\_\_/\_\_\_\_ Entered by \_\_\_\_\_

## Confidential Personal Information - PLEASE PRINT

*Your personal information will not be shared! It will be used only to compile the aggregate statistical reports that are required by most of the agency's funding sources. Thank you for your help.*

Circle Ethnicity: Asian Black Hispanic Caucasian Hawaiian/Pacific Native American White Hispanic Other: \_\_\_\_\_

Circle One: Mr. Mrs. Miss. Ms. Dr. Other Gender: Female Male Marital Status: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  Yes, I am a veteran.

Current work status (circle one): work full time work part time retired

Education level completed (circle one): high school some college college degree masters Phd

### PLEASE CIRCLE WHAT APPLIES: INCOME LEVEL (monthly as of 01/2023)

Household Size: 1	Less than \$1,255.00	Less than \$2,322.00	More than \$2,323.00
Household Size: 2	Less than \$1,703.00	Less than \$3,152.00	More than \$3,153.00

## Confidential Emergency Contact Information - PLEASE PRINT

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## Additional Information

How did you hear about PrimeLife Enrichment? Circle One:

Newsletter Newspaper Medical Professional PLE Vehicle Radio Relative Social Media

PrimeLife Staff Web Site TV Other: \_\_\_\_\_

Have you recently moved to the area?  Yes  No Within the last year, have you retired or lost a spouse?  Yes  No

Would you like to volunteer here at PrimeLife?  Yes, please contact me about volunteering