

# Registration Form

Return to 750 Angels Share Dr Ste 308 (PO Box 54), Blair NE 68008



Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Under 65 - Do you have a documented disability? \_\_\_\_\_

Sex/Gender \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_

Race \_\_\_\_\_

Ethnicity - Hispanic or Latino: YES NO

## Household Support Received? (Please circle / consider all household members)

SNAP Benefits

TANF

Rental Assistance

Fuel Assistance

Medicaid

Unemployment

Head Start

Veteran's Aid

SSI/SSD

Foster Care

WIC

Monthly Amount \_\_\_\_\_

## If you did NOT circle any of the above:

What is the total GROSS MONTHLY income for everyone in your HOUSEHOLD (please include social security, pension, retirement dividends, wages and other income.)

How many people live in your household? \_\_\_\_\_ Number using period products: \_\_\_\_\_

## Who else lives in your household?

Name

Race

Sex

Year Born

Name	Race	Sex	Year Born

I reviewed and agree to the Hygiene Essentials Membership Agreement \_\_\_\_\_ (Initials)

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

Type of Identification \_\_\_\_\_

Dues Received (date) \_\_\_\_\_

Paperwork Processed (date / initials) \_\_\_\_\_