

## FY-2021

Name: PRINT First	_ Middle	Last		
Mailing Address:		_ City:	Zip:	
Phone: ()	Residence is in	Coconino County	: Yes No	
Email Address l	Best method of	contact Phor	ne 🗌 Email	
Date of Birth (Month, Day, Year):		Age:		
What is your race?  ☐ Asian ☐ Black/African America ☐ N ☐ Other, List		n White A	Are you Hispanic? ☐	Yes No
Please check if you are on the following program	ms: WIC 🗆	SNAP   TANF	□ AHCCCS □ #	
How many <u>total</u> people are in your household? Please list <u>all</u> the household income received from		_	en:	
Employment	\$			
<b>Unemployment Compensation</b>	\$			
Workers compensation	\$			
SSD/SSI	\$			
Food Stamps	\$			
Social Security Retirement Bene	efits \$			
Retirement/Pension	\$			
Retirement/Pension Student Loans or Financial Aid				
	\$			
Student Loans or Financial Aid Other: My signature below acknowledges receipt of Preventive face in using this voucher. As a condition of receiving County Health & Human Services for any injury or loss My signature also acknowledges receipt of the HIPAA receive one voucher per year, July 1- June 30. Should I services.	\$s \$s and using this vo s I may face, due Patient Consent I attempt to use m	# By acc ucher, I waive any c to dental services I i Form on the reverse ore than one, I will b	cepting this voucher, I acclaims against Coconino Creceive by using this voucide of this form. I unde the financially responsible	County or Cocon cher.  rstand that I may for the full cost
Student Loans or Financial Aid Other: My signature below acknowledges receipt of Preventive face in using this voucher. As a condition of receiving County Health & Human Services for any injury or loss My signature also acknowledges receipt of the HIPAA receive one voucher per year, July 1- June 30. Should I	\$s \$s and using this vo s I may face, due Patient Consent I attempt to use m	# By acc ucher, I waive any c to dental services I i Form on the reverse ore than one, I will b	cepting this voucher, I acclaims against Coconino Creceive by using this voucide of this form. I unde the financially responsible	County or Cocon cher.  rstand that I may for the full cost
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