

Health Center: Avondale Buckeye Gila Bend Mesa Surprise Sun City West Phoenix Wickenburg
WIC: On-Site Care 1st Queen Creek Mesa General
Applying for: AHCCCS SLIDING FEE SCALE/DISCOUNT

Please Print:

Date: _____

First Name	Last Name	MI	Sex
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Other Names Used	Birth Date	Social Security Number
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Mailing Address	City	State	Zip Code
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Street Address	City	State	Zip Code
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Telephone Number	Cell Phone
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Email

Emergency Contact Name	Relationship	Emergency Phone
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Race:	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
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Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Single with Partner	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
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Pregnant (circle one):	YES	NO	UNSURE
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EMPLOYMENT INFORMATION

Employer Name	Phone
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Employer Address	City	State	Zip Code
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Gross Income: \$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly
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Source of Income:	<input type="checkbox"/> Employer	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Unemployed, living with family	<input type="checkbox"/> Other
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Income Earned By:	<input type="checkbox"/> Self	<input type="checkbox"/> Souse only	<input type="checkbox"/> Self and Spouse	<input type="checkbox"/> Other
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Family Members: (include self)

First/Last Name	Relationship	Sex	DOB	Birthplace (state, country)	Social Security Number	AHCCCS#