



## Adult Membership Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Street Address \_\_\_\_\_ Apt No \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Day Time Ph# (\_\_\_\_)\_\_\_\_-\_\_\_\_ Evening # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell#(\_\_\_\_)\_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

**Internet Access:** Yes  No

**Gender:** Male  Female

**Culture/ Ethnicity:**

Asian       Black/African American       Hispanic       Caucasian/White  
 Other \_\_\_\_\_

**Primary Language spoken at home:**

English       Chinese       Polish       Spanish       Vietnamese       Italian       Portuguese  
 French       Other \_\_\_\_\_

**Education:**

None       High School       College       Other \_\_\_\_\_

**Housing Status:**

Living With Family       Living in shelter       Rent       Own       living with friends  
 Homeless, in Sheller       Others \_\_\_\_\_

**Employment Status:**

Full- Time       Part-Time       Self Employed       Not Employed       Retired  
 Student       Others \_\_\_\_\_

**Insurance Status:**

- Public Insurance (MA. Health, Medicare, Commonwealth, etc)
- Commercial Insurance (Blue Cross/Blue Shield, Harvard Pilgrim, etc)

**Income Support Programs:**

- TAFDC      Food Stamp   WIC   Fuel Assistance      Public Housing   SSI/SSDI
- Childcare Voucher      Unemployment Insurance      Early Invention      Early Intervention
- Other \_\_\_\_\_      Section Housing
- None

**Regular Source of Health Care**

- Bowdoin Street Health Center      Codman Square Health Center
- Dorchester house multi- service Center      Other community health center in Boston
- School Based Health Center      Hospital-Based Clinic
- Family/ Friend      Other agency \_\_\_\_\_

**Referral Sources:**

- Bowdoin Street Health Center      Codman Square Health Center
- Dorchester house multi- service Center      other community health center in Boston
- School Based Community Center      Department of Youth Server
- School      Family/ Friend
- Other agency \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number :(\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_