



PBCHD REGISTRATION/ELIGIBILITY FORM/ FOM REJISTRASYON AK ELIJIBILITE PBCHD ENGLISH/CREOLE

CLIENT INFORMATION/ *Enfomasyon sou kliyan-an*

Please Print Clearly/*Tanpri Kri*

For Financial information only, not official medical record. To be filed **under** eligibility.

First Name/Premye Non ou		Middle/Dezyem non ou	Last Name/Siyati	Suffix (Jr, II)/Sifix
Date of Birth/Dat ou Fèt Month/Mwa Day/Jou Year/Ane	Sex/Sèks (✓): <input type="checkbox"/> Male/Gason <input type="checkbox"/> Female/Fi <input type="checkbox"/> Transgender/Change seks		SS# /Nimewo Sosyal Sekirite - -	
Marital Status/Eskéw Maryé (✓): <input type="checkbox"/> Single/Selibaté <input type="checkbox"/> Married/Maryé <input type="checkbox"/> Separated/Separe <input type="checkbox"/> Divorced/Divose <input type="checkbox"/> Widowed/Véy				
Race/Ras (✓): <input type="checkbox"/> White/Blan <input type="checkbox"/> Black/African American/Nwa/Afriken/Ameriten <input type="checkbox"/> American Indian or Alaskan Native/Ameriken Indien/ Natif alasken <input type="checkbox"/> Other (Specify)/Lòt (Detay)				
Language/Lang (✓): <input type="checkbox"/> English/Angle <input type="checkbox"/> Spanish/Espayòl <input type="checkbox"/> Creole/Kreyòl <input type="checkbox"/> Other (Specify)/Lòt (Detay):			Hispanic/Ispanic? <input type="checkbox"/> Yes/Wi <input type="checkbox"/> No/Non	
Country of Birth/Peyi ou fet (✓): <input type="checkbox"/> USA/Etazini <input type="checkbox"/> Other (Specify)/Lòt (Detay):			HCH PROGRAM/Program HCH la (✓)? <input type="checkbox"/> Yes/Wi <input type="checkbox"/> No/ Non	
Address where you live/Adres kote ou rete				Apt #/Nimewo kay ou rete-a
City/Vil				Zip Code/Zip Kod:
Address where you receive mail/adrès koté'w résévwa lèt si'l diféran dé koté'w rété a. (If different from where you live)				Apt #/Nimewo kay ou rete-a
City//Vil				Zip Code/Zip Kod:
Telephone #/Nimewo Telefon		Telephone Type/Tip Telefòn (✓): <input type="checkbox"/> Cell/Selilè <input type="checkbox"/> Home/Lakay <input type="checkbox"/> Work/Travay <input type="checkbox"/> Fax/Faks <input type="checkbox"/> Other/Lòt		
Do you or someone in your household work in farming (including preparing, processing or transporting of product) but travel for work during the farming season (Migrant)?/Èské ou menm oubyen yon lòt moun nan kay ou a, ap travay nan agrikilti (ki gen ladan preparasyon, trètman, oswa transpòtè pwodwi), men ki vwayajé kom travay pandan sèzon agrikilti (migan an)? <input type="checkbox"/> Yes/Wi <input type="checkbox"/> No/Non				
Do you or someone in your household live in the area and work in farming (including preparing, processing or transporting of product) all or part of the year (Seasonal)?/Èské ou menm oubyen yon lòt moun nan kay ou a, rété nan zòn koté wap travay agrikilti (ki gen ladan preparasyon, trètman, oswa transtpòtè pwodwi) pendan tout ané a (oubyen nan sèzon an)? <input type="checkbox"/> Yes/Wi <input type="checkbox"/> No/ Non				
Are you a Veteran/ Eske ou se ansyen solda lame? <input type="checkbox"/> Yes/Wi <input type="checkbox"/> No/ Non				
Were you a single birth/ Eské'w té fèt pou kont ou? <input type="checkbox"/> Yes/Wi <input type="checkbox"/> No/Non				
If NO, are you a/ Si non: <input type="checkbox"/> Twin/Marasa <input type="checkbox"/> Triplets/Twa <input type="checkbox"/> Quints or More/Kat, Senk Ouplis?				
Were you born/ Eské ou té fèt <input type="checkbox"/> First/An prémié <input type="checkbox"/> Second/ An dézièm <input type="checkbox"/> Third/ An twazièm <input type="checkbox"/> Fourth or more/ An katrièm oubyen apré?				
Are you 18 yrs or older/Ou gen 18 an ou plis? <input type="checkbox"/> Yes/Wi <input type="checkbox"/> No/ Non				
If YES, what is your Highest Level of Education/ Si wi, ki pi grand klas ou fe lekol?				

EMERGENCY CONTACT/ KONTAK POU IJANS

Name/Nom:	Relationship <i>Relasyon</i> :
Telephone #/Nimewo Telefon:	Phone Type/ <i>Tip Telefòn</i> (✓): <input type="checkbox"/> Cell/Selilè <input type="checkbox"/> Home/Lakay <input type="checkbox"/> Work/Travay <input type="checkbox"/> Fax/Faks <input type="checkbox"/> Other/Lòt

INSURANCE TYPE/ASIRANS MEDIKAL (√)															
<input type="checkbox"/> Health Care District		<input type="checkbox"/> Healthy Palm Beaches		<input type="checkbox"/> Medicaid		<input type="checkbox"/> Medicare		<input type="checkbox"/> None/Oken		<input type="checkbox"/> Other (Specify)/_Lot/ detay:					
Policy#/Nimewo asirans:				*Name of Policy Holder/Ki <input type="checkbox"/> <i>ski entèt Asirans la:</i>				Date of Birth/_Dat Fèt:							
PAYOR INFORMATION – Is the Head of Household responsible for paying the bills/Enfomasyon payman - Eske moun ki responab la ap peye kob sevis la?															
<input type="checkbox"/> Yes/Wi		<input type="checkbox"/> No/Non		If NO, complete the information below/Si non Ranpli enfomasyon ki anba:											
Name/Nom:						Date of Birth/_Dat Fèt:									
Social Security #/Nimewo Sosyal Sekirite						Address/Adres:									
Telephone #/Nimewo Telefon:				Phone Type/Tip Telefòn (√):		<input type="checkbox"/> Cell/_Selilè		<input type="checkbox"/> Home/_Lakay		<input type="checkbox"/> Work/_Travay		<input type="checkbox"/> Fax/Faks		<input type="checkbox"/> Other/Lòt	
HOUSEHOLD FINANCIAL INFORMATION/Enfomasyon finansye kay la															
*List the Head of Household first, then the name of each person in the household/ Keri non moun ki responsab kay la an premyé, epi non tout lot moun kin nan kay la															
Examples of Income Types: Social Security/Wages/AFDC/Child Support/Unemployment/Workers Compensation/Self-employment Income/Alimony/ Sosyal Sèkirite, Lajan ké wap récévwa nan men léta pou éd, Sipo finansyé pou ti moun paran yo séparé, Lajan pou chomaj, Konpansasyon, Lòt															
First Name/ Prenon	MI/ Dezyem non	Last Name/ Siyati	Relationship to Head of Household/ Relasyon-ou ak moun ki responsab kay la	DOB/ Date Fèt (MM/DD/YY)	Sex/ Sèks	Social Security Number/ Nimewo Sosyal Sekirite	Race/ Ras	Employer's Name/Ki non konpayi wap travay pou li a	Monthly Gross Income/ Kombyen lajan ou fè chak mwa avan taks	Type Of Income/ Sous lajan wap résévwa	Child Care Expense (Monthly)/ Depans pou gaderi				
			Head of Household/ Moun ki an chaj kay la		<input type="checkbox"/> M/G <input type="checkbox"/> F				\$		\$				
					<input type="checkbox"/> M/G <input type="checkbox"/> F				\$		\$				
					<input type="checkbox"/> M/G <input type="checkbox"/> F				\$		\$				
					<input type="checkbox"/> M/G <input type="checkbox"/> F				\$		\$				
					<input type="checkbox"/> M/G <input type="checkbox"/> F				\$		\$				
Other Needed Information/Lot enfomasyon necesé:															
Are you making any payments for child support/Eske ou ap peye sipo po timoun? <input type="checkbox"/> Yes/Wi <input type="checkbox"/> No/Non If yes, how much is paid each month/Si wi, kombyen ou peyé chak mwa? \$ _____															
Are you or any of the family members pregnant/Eske ou ansent oubyen gen lot moun nan kay la ki ansent? ? <input type="checkbox"/> Yes/Wi <input type="checkbox"/> No/Non If Yes, Who/ Si Wi, Ki moun															
Due Date/Dat Akouchman:				# Babies Due #/Kantité timoun _____											
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I GIVE MY CONSENT TO THE PALM BEACH COUNTY HEALTH DEPARTMENT, TO VERIFY THE INFORMATION PROVIDED/ Mwen setifyé ké enfòmasyon ki anwo a kòrèk sèlon tout sa mwen konnen. Mwen pay konsantman 'm pou dépatman santé piblik la ka véfyé enfòmasyon mwen bay yo.															
Client/Parent/Guardian Signatura/Kliyan/Paran/Responsab siyati:										Date/Dat:					
OFFICIAL USE ONLY Facility <input type="checkbox"/> Belle Glade <input type="checkbox"/> Delray <input type="checkbox"/> Jupiter <input type="checkbox"/> Lantana/LW <input type="checkbox"/> Centering Program <input type="checkbox"/> Pahokee <input type="checkbox"/> Riviera <input type="checkbox"/> West Palm Beach															
Registered by:						Date:									