

**Personal Information**

First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Gender: M F Preferred Language: \_\_\_\_\_ Are you a Veteran: Y N

**Insurance Information**

Insurance: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_ Insurance Group #: \_\_\_\_\_

Insurance Holder: \_\_\_\_\_ Holder's DOB: \_\_\_\_\_

If uninsured, list ID # for one of the ID types below (pick one): ID # \_\_\_\_\_

 Social Security  Driver's License  State ID  Military ID**Family/ Support Information**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Race/ Ethnicity:** Check the box that best describes your race and EthnicityRace:  American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian  
 Other Pacific Islander  White  More Than One Group  Decline to specifyEthnicity:  Latino or Hispanic  Not Latino or Hispanic  Decline to specify**Housing Status:** Check any box that describes your current housing situation

- |   |   |
|---|---|
| <input type="checkbox"/> Doubling Up (living with extended family, friends, or acquaintances) | <input type="checkbox"/> Shelter            |
| <input type="checkbox"/> Not Homeless (legally occupied, single family, owned or rented)      | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Street (on the street, in cars, abandoned buildings, under bridge)   | <input type="checkbox"/> Unknown/Unreported |
| <input type="checkbox"/> Transitional (treatment program, hospital, jail, motel)              |   |

Do you live in a group setting like an Adult Foster Care or senior community?  Yes  No  Unsure**Consent for Services**

I consent to the following:

- Receiving services by Cherry Health
- Billing insurance for care provided
- Receiving COVID-19 Vaccine.
- Forwarding and retention of my information in the Michigan Care Improvement Registry (MCIR).

If you agree with the above, please sign and date below.

\_\_\_\_\_  
**Patient/Parent/Legal Guardian Signature**\_\_\_\_\_  
**Date**