Access Pass Program Application Form



Date	Me	mber #			New: 🖵 Yes	☐ No	INDIANAPOLIS
How did you hear abo ☐ Word of Mouth ☐ S			☐ Library	☐ Church	☐ Other		
Eligibility Individuals must reside ir the Hoosier Healthwise I						are eligible.	
Individuals must presen 1.) Hoosier Healthwise Letter must be in the pr 2.) A valid, Indiana Stat	or Hoosier Works enrol imary adult cardholder'	lment recertifications name and verify p	n letter issue program enro	ed by the Inc ollment for t	diana Family an he current year	d Social Serv	vices.
Adult 1 (Adults must b	e members of the same h	ousehold.)					
Mr./Mrs./Ms.							
Adult 2 Relationship	to Adult 1: Spouse/S	Significant Other					
Mr./Mrs./Ms.							
City			St	ZI	Р		
Phone: Home ()			Cell ()				
Email							
☐ I would like to receive via electronic or mail		chibits and events fro	om all partici	pating organ	izations,		

Children Dependent children under age 18 living in the household.			
Name		DOB _	
ice Use Only:	D D 11	0. 001 1	
gibility Requirement Met (circle one): Hoosier Works / Hoosier Healthwise	Date Rec'd	Staff Initial:	Card Issued Yes / No Mailed
Participating Organization Name:			