

Access Pass Program Application Form

Today's Date _____

Member # _____

New Yes No

When was your last visit? _____

Which best describes your last visit?

Paid

Free day

Eligibility

Individuals must reside in the state of Indiana, be at least 18 years of age, and be enrolled in TANF, Food Stamps, or the Hoosier Healthwise Insurance Program. Families with children enrolled in the Hoosier Healthwise Program are eligible.

Individuals must present the following documents upon enrollment in or renewal of the Access Pass program: 1.) Hoosier Healthwise or Hoosier Works enrollment recertification letter, issued by the Indiana Family and Social Services. Letter must be in the primary adult cardholder's name and verify program enrollment for the current year. 2.) A valid, Indiana State-issued photo ID card. Employee and Student IDs will not be accepted.

Adult 1 (*Adult 1 must be primary adult named on benefit recertification letter.*)

Mr./Mrs./Ms. _____

Address _____

City _____ St _____ ZIP _____

Phone Home () _____ Cell () _____

Email _____

Adult 2 (*Adult 2 must be spouse or significant other to Adult 1, living in the same household.*)

Mr./Mrs./Ms. _____ Relationship to Adult 1: Spouse/Significant Other

Children (*Only dependent children under age 18 living in the household*)

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Office Use Only:

Eligibility Requirement Met (*circle one*): Hoosier Works / Hoosier Healthwise Date Rec'd _____ Staff Initial: _____ Card Issued Yes / No Mailed _____

