



accesshealth™

Household Composition Form



HEAD OF HOUSEHOLD

Full Name: _____ Date of Birth: _____

Telephone Number: _____ SSN: _____

Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ E-Mail: _____

Sex: (Circle) F / M US Citizen: (Circle) Yes / No Race: _____

(Office Use Only) Acct No:

SPOUSE

Full Name: _____ Date of Birth: _____

Telephone Number: _____ SSN: _____

Sex: (Circle) F / M US Citizen: (Circle) Yes / No Race: _____

E-Mail: _____

(Office Use Only) Acct No:

Fill in the other lines for everyone who lives with you for whom you are legally responsible and/or under the age of 18

	Name (Last, First, Middle)	SSN (optional)	Date of Birth	Sex	Race	US Citizen	Relationship	(Office Use Only) Acct #
1				F / M		Yes / No		
2				F / M		Yes / No		
3				F / M		Yes / No		
4				F / M		Yes / No		
5				F / M		Yes / No		
6				F / M		Yes / No		
7				F / M		Yes / No		
8				F / M		Yes / No		
9				F / M		Yes / No		

List all of your household's income below. Including: Employment (self or job), Government assistance, child support, unemployment or gift.

Name of person receiving money	Agency, person, employer who, provides the	Amount received per month

Do you or any of your family members have medical health insurance? Yes No
 I attest that I have **NO PRESCRIPTION DRUG COVERAGE**, including Medicare Part D: Yes No