



**MISSIONEASTDALLAS**  
Healing. Opportunity. Peace. Empowerment.

**2009 PRE-REGISTRATION SHEET**

Do you have any type of health insurance, Parkland Plus, Medicaid, Medicare? \_\_\_\_\_

Are you on any medication? \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_

How many children under 18 live in your household? \_\_\_\_\_

What is your **household** monthly income? \$ \_\_\_\_\_

What is the reason for your visit? \_\_\_\_\_

Please bring:

1. Proof of household income
2. Proof of address
3. Photo ID
4. Any medication you are taking