WEST VIRGINIA WISEWOMAN
Client Enrollment

Internal Use Only	
Date :	Provider Name :
WVBCCSP Enrollment Facility:	WVBCCSP #

Demographic Information				
First Name:	M.I.	Last Name:		
Date of Birth:	Gender: ☐ Female	☐ Male		
Address:	City:	State:	Zip:	County:
Day Phone: ( )	Evening Phone: ( )	Email Address:		

Ethnicity: Are you of Spanish or Hispanic origin, such as Mexican American, Latin American, Puerto Rican or Cuban?
☐ Yes ☐ No ☐Unknown

Race(s): What race do you primarily identify with? (check one) ☐ Black or African American ☐ White
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown

Race(s): What other race do you identify with? (check one) ☐ Black or African American ☐ White
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown

What is your highest level of education?
☐ Less than 9th grade ☐ Some high school ☐ High school graduate or equivalent ☐ Some college or higher

What is your primary language spoken at home? ☐ English ☐ Spanish ☐ Arabic ☐ Chinese ☐ French ☐ Italian ☐ Japanese ☐ Korean ☐ Polish ☐ Russian ☐ Tagalog ☐ Vietnamese ☐ Creole ☐ Portuguese ☐ Hmong ☐ Other (write in) _____

Need an interpreter at the appointment? ☐ Yes ☐ No Living with a disability? ☐ Yes ☐ No

Insurance Status: Medicaid: ☐ Yes ☐ No Medicare Part B: ☐ Yes ☐ No Other Insurance (specify insurance): _____ Underinsured: ☐ Yes ☐ No Ref to Insurance: ☐ Yes ☐ No Date ref. to insurance (mm/dd/yy): _____	Income Eligible ☐ Yes ☐ No Household Annual Income $_____ Household Size (includes yourself, if married your spouse, and dependant children): _____