Family ID	First Name	Last Name	Participant ID	Date of Birth	Phone Number	Gender	ARHI Form Mailed Date	ARHI Form Signed Date	Form Revoke d Date	Form Declined Date
00Number00	Jane	Doe	123456789	01/01/0001	304-001-0001	Female	01/01/0001	01/01/0001		

Attachment #3, Policy 5.16

Street Address	City	State	Zip Code
1001 Street Drive	Zero	WV	11111