

Access Pass Program Application Form

Today's Date: _____

First-Time Member # _____ Renewing Member # _____

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.

To enroll in the Access Pass program, individuals must show their state-issued Hoosier Works Card or Hoosier Health Card, and an Indiana state-issued picture ID. Legal guardian must be present at time of enrollment and all subsequent purchases.

Adult 1 (*Adults must be members of the same household*)

Mr./Mrs./Ms.: _____

Address: _____

City: _____ St: _____ ZIP: _____

Phone: Home () _____ Cell () _____

E-mail: _____

Adult 2 (*Adults must be members of the same household*)

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

Children (*Only dependent children under age 21 living in the household*)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Office Use Only:

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

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