

**Abrazos Family Support Services**  
**P.O. Box 788 Bernalillo, New Mexico 87004 Phone: 867-3396 Fax: 867-3398**  
**ENROLLMENT INFORMATION**

Please provide us with the following information. If there are changes in this information while your family is receiving our services, please let us know. Thank you!

**Child/Client Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Message \_\_\_\_\_ Mobile \_\_\_\_\_

Day Care Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**What is your child's ethnicity?** (Please check all that apply)

\_\_\_ African American/Black \_\_\_ Hispanic/Mexican American

\_\_\_ American Indian/Alaskan Native (Tribe \_\_\_\_\_)

\_\_\_ Anglo \_\_\_ Asian/Pacific Islander \_\_\_ Other \_\_\_\_\_

**What is your family's annual income?**

\_\_\_ Below \$10,000 \_\_\_ \$10,000-\$19,999 \_\_\_ \$20,000-\$29,999 \_\_\_ \$30,000-\$39,999 \_\_\_ \$40,000-\$49,999

\_\_\_ \$50,000-\$59,999 \_\_\_ \$60,000-\$69,999 \_\_\_ \$70,000-\$79,999 \_\_\_ \$80,000-\$89,999 \_\_\_ \$90,000-\$99,999

\_\_\_ above \$100,000

**How many people reside in your household?** \_\_\_\_\_

**Insurance Information**

Does your child have health insurance? (Please check all that apply)

Private health insurance plan  Medicaid  No health insurance coverage

**Private Health Plan/Policy**

Named insured \_\_\_\_\_ Relationship to dependent \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Policy# \_\_\_\_\_ Group # \_\_\_\_\_ Individual# \_\_\_\_\_

**Medicaid**

Child's Medicaid Number # \_\_\_\_\_

Medicaid Salud Provider: \_\_\_ Molina \_\_\_ Presbyterian \_\_\_ Lovelace \_\_\_ BCBS

Other Medicaid: \_\_\_ Exempt \_\_\_ IHS (Indian Health Service) \_\_\_ Personal Care Option Services

**Certain types of Medicaid Programs may prohibit enrollment; please disclose all services your child receives.**

**Parent/Guardian Completing Form** \_\_\_\_\_

Signature

Date