



## AFFINITY EHEALTH PARTICIPANT INTAKE INFORMATION

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (Relationship) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

To receive your PIN # from Affinity eHealth, you must send this completed form to the attention of your compliance officer, Vera Rucker [vrucker@msbn.ms.gov](mailto:vrucker@msbn.ms.gov), Natille Duncan [nduncan@msbn.ms.gov](mailto:nduncan@msbn.ms.gov) or Rebecca Hance [rhance@msbn.ms.gov](mailto:rhance@msbn.ms.gov), you may scan and email it, fax it (601) -957-6301, or mail it.

PIN# FROM Affinity eHealth: \_\_\_\_\_

**X**

Participant Signature

Updated 12/15/2020

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