



AFFINITY 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 a compliance case manager Rebecca Martin rmartin@msbn.ms.gov, you may scan, email it, or fax it (601) -957-6301.

PIN# FROM Affinity eHealth: _____

X

Participant Signature

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USA Office

5400 Shawnee Road, Suite 306
Alexandria, VA, 22312

Canada Office

100 Allstate Parkway, Suite 400
Markham, Ontario L3R 6H3

Toll Free: 1.866.512.9992

Fax: 1 905.470.3400

www.affinityempowering.com