



MAILING ADDRESS
PO Box 72 Sanford, ME 04073

LOCATIONS
15 Oak St Springvale, ME 04083
207 490-6900 PHONE 207 459-2822 FAX
388 Somersworth Rd, N Berwick, ME 03906
207 676-2175

A division of York County
Community Action Corporation

STUDENT ENROLLMENT FORM

Please Print

Child's Full Name _____ Date of Birth ___/___/___ Child's Social Security # _____

Race American Indian/Alaskan Asian Black or African American Native Hawaiian
 Other Pacific Islander More than one race White Other _____

Ethnicity Hispanic or Latino Yes No

Sex Female Male

Legal Guardian _____ Relationship to Patient: _____ Phone _____

Street Address _____ City _____ State _____ Zip Code _____

PO Box _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Relationship to patient: _____

Housing Status Own Home Rent Home Public Housing Is Rent Income Based? Yes No
 Doubling Up Transitional Housing Shelter Streets Other _____

Confidential Household Income

Parent/Guardian plus Spouse \$ _____ Weekly Monthly Yearly

Household: List the people who live in the child's household

Last Name	First Name	Middle Initial	Date of Birth	Relationship to Child
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____

Insurance Yes No Please provide all copies of your child's insurance cards

Insurance Type Maine Care Medicare A Medicare B Commercial Other _____

Name of Insurance _____ Insurance ID# _____ Group # _____

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Insurance Billing Address _____

CONSENT TO TREAT

- I am personally responsible for providing accurate and current insurance information.
- I authorize my insurance benefits to be paid directly to the physician at York County Community Action Corporation / Nasson Health Care
- I authorize release of all information necessary to secure payments of benefits.
- I understand that I am financially responsible for any remaining balance.
- I am aware of Maine’s Minor’s Rights to Confidential Health Care as how it pertains to mental health, substance abuse, and reproductive health services. A copy of this law will be mailed to me upon my request.
- I understand that signing this form permits my child to receive all services provided by Nasson Health Care. These services include diagnosis and treatment of acute illnesses, mental health services, and reproductive health services.

I certify that the above information is true and correct to the best of my knowledge.

Patient, Parent or Guardian Signature

Date: _____

Guardian Documentation Received Yes No

Does your child have a Primary Care Physician? Yes No

Primary Care Physicians Name: _____

Has your child seen a dentist in the past 12 months? Yes No