Access Pass Program Application Form

Date _____ **Member #** _____ **New ❑ Yes ❑ No**

How did you hear about the Access Pass program?
❑ Word of Mouth ❑ School ❑ Community Center ❑ Clinic ❑ Library ❑ Church ❑ Other _____

Eligibility
Individuals must reside in the state of Indiana, be at least 18 years of age, and be enrolled in TANF, SNAP, or the Hoosier Healthwise Insurance Program. Families with children enrolled in the Hoosier Healthwise Program are eligible.

Individuals must present the following documents upon enrollment in or renewal of the Access Pass program:
1.) Hoosier Healthwise or Hoosier Works enrollment recertification letter issued by the Indiana Family and Social Services. Letter must be in the primary adult cardholder's name and verify program enrollment for the current year.
2.) A valid, Indiana State-issued photo ID card. Employee and Student IDs will not be accepted.

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

Mr./Mrs./Ms. _____

Adult 2 Relationship to Adult 1: ☐ Spouse/Significant Other

Mr./Mrs./Ms. _____

_____

Address _____

City _____ St. _____ ZIP _____

Phone: Home ( ) _____ Cell ( ) _____

Email _____

❑ *I would like to receive updates on upcoming exhibits and events from all participating organizations, via electronic or mail communications.*

(Turn over and complete child information.)

15-22143

Access Pass Program Application Form

Date _____ **Member #** _____ **New ❑ Yes ❑ No**

How did you hear about the Access Pass program?
❑ Word of Mouth ❑ School ❑ Community Center ❑ Clinic ❑ Library ❑ Church ❑ Other _____

Eligibility
Individuals must reside in the state of Indiana, be at least 18 years of age, and be enrolled in TANF, SNAP, or the Hoosier Healthwise Insurance Program. Families with children enrolled in the Hoosier Healthwise Program are eligible.

Individuals must present the following documents upon enrollment in or renewal of the Access Pass program:
1.) Hoosier Healthwise or Hoosier Works enrollment recertification letter issued by the Indiana Family and Social Services. Letter must be in the primary adult cardholder's name and verify program enrollment for the current year.
2.) A valid, Indiana State-issued photo ID card. Employee and Student IDs will not be accepted.

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

Mr./Mrs./Ms. _____

Adult 2 Relationship to Adult 1: ☐ Spouse/Significant Other

Mr./Mrs./Ms. _____

_____

Address _____

City _____ St. _____ ZIP _____

Phone: Home ( ) _____ Cell ( ) _____

Email _____

❑ *I would like to receive updates on upcoming exhibits and events from all participating organizations, via electronic or mail communications.*

(Turn over and complete child information.)

15-22143

☐ **Children** *Dependent children under age 21 living in the household.*

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

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

Participating Organization Name: _____

☐ **Children** *Dependent children under age 21 living in the household.*

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

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

Participating Organization Name: _____