

## Access Pass Program Application Form

Date \_\_\_\_\_ Member # \_\_\_\_\_

New ☐ Yes ☐ No



### Eligibility

Individuals must reside in the state of Indiana, be at least 18 years of age, and be enrolled in TANF, Food Stamps, 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.)

14-19504

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14-19504

☐ **Children** *Dependent children under age 18 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: \_\_\_\_\_

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|            |           |
|------------|-----------|
| Name _____ | DOB _____ |
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