

Prescreening Application

Fax: (262) 753-6897 Phone: (844) WIS-HOPE Website: wishope.org

What type of services are you looking for? _____

Full Name _____ Date of Birth _____

Phone Number _____ Email _____

Address Line 1 _____

Address Line 2 _____ State _____

City _____ Zip Code _____ County _____

Age _____ Are you a U.S. Citizen _____ Gender _____

Primary language _____ Race/Ethnicity _____

Are you a veteran? _____ Employment Status _____

Drug(s) of choice _____

Date of Last Use _____ Are you Pregnant _____

Are you a registered Sex Offender? _____

INSURANCE

Insurance Provider Name _____ Type of Policy _____

Member Number _____ Group Number _____

Primary Insured Employer _____

Relationship to Primary Insured _____

Primary Insured Full Name _____

Primary Insured Date of Birth _____