

THE FUN BUNCH

PO Box 61358
Phoenix, Arizona 85082

Phone: 602-685-0280 Fax: 602-231-0334
Email: TheFunBunch@TheStarCenters.org

Enrollment Application

Name: _____ Today's Date: _____

Address: _____ Apt. # _____

City: _____ Zip Code: _____

Phone:* _____

*NOTE: You must have a working phone to sign up for transportation services.

Date of Birth: _____ Gender: _____ Ethnicity: _____

Clinical Site: _____ CIS ID: (10 digits) _____

Case Manager's Name: _____

Case Manager's Phone: _____

Other Current Memberships? (circle one) Recovery Empowerment Net.
Visions of Hope STAR East STAR Central CHEEERS STAR West

Activities I am most interested in:

- | | | |
|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Picnics | <input type="checkbox"/> Theater/Symphony | <input type="checkbox"/> Game Centers |
| <input type="checkbox"/> Dances | <input type="checkbox"/> Professional Sports | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Fairs | <input type="checkbox"/> Science Ctr/Museums | <input type="checkbox"/> Other _____ |

I need transportation: Yes No I Don't Know/Depends

IF YES: Transportation Pick-up Point:

- STAR East STAR Central CHEEERS Visions of Hope
 STAR West Clinical Site: _____

I, _____, grant permission to The Fun Bunch to contact my case manager regarding information needed for Magellan Health Services of AZ billing purposes. I have received the current HIPPA privacy policy statement.

Signed _____ Date _____

Revised 9/15/09