

**Western NC Community Health Services, Inc.
Dental Enrollment Form**

INSTRUCTIONS: Read carefully. Provide **ALL** the information requested. Print clearly in ink. After completing it, return the Enrollment Form by doing any one of the following:

- Handing it to any Minnie Jones Health Center front desk or security staff member.
- Placing it in the box labeled “Enrollment Forms Only”, located outside the main entrance (west side) of the **Minnie Jones Health Center, 257 Biltmore Ave., Asheville, NC.** (This is available 24/7.)
- Sending through U.S. mail to: **Minnie Jones Health Center, PO Box 338, Asheville, NC, 28802.**

If the Enrollment Form is complete when we receive it, we will call you to schedule your appointment.

Applicant's First Name: _____

Applicant's Last Name: _____

Applicant's Date of Birth: _____

Applicants' Mailing Address: _____

Applicant's Phone Number (_____) _____

Applicant's e-mail address: _____

For Patient Appointment reminder please check the preferred method below

☐ **Mail** ☐ **Phone** ☐ **Text** ☐ **Email**

1) Applicant's preferred language is: English ☐ Other ☐ (specify): _____

2) Are you seeking trans affirming care? Y ☐ N ☐

Is there anything else you would like us to know? (Optional) _____

Signature of applicant or guardian/legal representative: _____

Date: _____