

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES
571 County Road A
Green Lake, WI 54941-8630

PHONE: 920-294-4070
FAX: 920-294-4139
EMAIL: glcdhhs@greenlakecountywi.gov



FOX RIVER INDUSTRIES
222 Leffert St.; PO Box 69
Berlin, WI 54923-0069

PHONE: 920-361-3484
FAX: 920-361-1195
EMAIL: fri@greenlakecountywi.gov

CLIENT REGISTRATION FORM

FIRST NAME: _____ **MI:** _____ **LAST NAME:** _____ **SUFFIX:** _____

MAIDEN NAME/OTHER KNOWN NAMES: _____

TELEPHONE #: _____ **OKAY TO LEAVE MESSAGE:** Yes No

SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

MAILING ADDRESS (if different): _____

GENDER: Male Female **TRANSGENDER:** Female to Male Male to Female

MARITAL STATUS: Single (Never Married) Married Divorced Separated Widowed

RACE: American Indian/Alaska Native Asian Black or African American White
 Native Hawaiian/Pacific Islander Unknown

ETHNIC ORIGIN: Cuban Mexican/Mexican-American Not of Hispanic Origin
 Other Hispanic Puerto Rican Unknown

EDUCATION: High School Graduate College Other _____

VETERAN: Yes No

EMPLOYMENT STATUS: Part-Time Full-Time Disabled Retired Homemaker
 Unemployed Student Other _____

PLACE OF EMPLOYMENT: _____ **JOB TITLE:** _____

Client Signature: _____ **Date:** _____

RELATIONSHIP TO CLIENT: I am the Client Parent Legal Guardian
 Step-Parent Other _____

Parent/Legal Guardian Signature: _____ **Date:** _____