



CLIENT APPLICATION

INCOME & AID ELIGIBILITY

- 1. Please attach or email a copy of 30 days worth of all current income (i.e. Pay stubs) and/or your most recent Tax Return provided to you by the Internal Revenue Service.**
 - 2. If applicable, please request youth applicant's current year transcripts to be mailed to our admissions office location listed on the bottom of every page.**
1. In a married household, one spouse must be employed when children are under the legally employable age of 16.
 2. In a single household, the adult must be legally employed.
 3. In a household with legally employable youth ages 16+, and two parents/legal guardians who do not work, the child must work.
 4. In a household with legally employable youth ages 16+, and only one parent/legal guardian, if the one parent/legal guardian who does not work, the child must work.
 5. In a household with one+ legally employable youth ages 16+, both parents/guardians who do not work, and a child under the legal employment age of 16, a 16+ year old child must work for the U16 child to receive aid.
 6. In a household with three generations living together, one individual of legal employment age from two generations must work. If one generation is not legally employable - then only the legal employment aged individual from one generation must work.

Please note,

*Health Possible Inc. is a 501(c)(3) Nonprofit Corporation in the State of North Carolina
and with the Internal Revenue Service.*

*You could be requested at random to file a Tax Transcript to finalize the verification of income
to protect the rightful doing of the corporation's funds.*



APPLICANT INFORMATION

First: _____ MI: _____ Last: _____

DOB: _____ / _____ / _____ Age: _____

Primary Phone Number: _____ Email: _____

(____) - ____ - _____

Home Address: _____

Apartment/Suite Number: _____

City: _____ State: _____ Zip: _____

Does your place of living have a liable exercise/fitness facility that you have regular access to? Y N

If yes, please explain (i.e. home gym, apartment complex gym, tennis courts, etc.): _____

INSURANCE INFORMATION

Policy Holder Name: _____ Policy Holder DOB: _____

Insurance: _____ Group #: _____ Policy #: _____

Secondary: _____ Group #: _____ Policy #: _____



FAMILY & MEDICAL HISTORY

Height: _____' _____"

Weight: _____ lbs.

You identify as which race or ethnicity:

___White ___Black ___Asian ___Hispanic ___Indian ___Other

You identify as which gender:

___M ___F

Have you ever identified as the opposite sex:

___Y ___N

If [ever] female, are you currently pregnant:

___Y ___N

Marital Status:

___Single ___Married ___Divorced ___Widowed

Does your spouse work:

___Y ___N

___Full Time ___Part Time

Number of Children:

___0 ___1 ___2 ___3 ___4+

If answered 1+, how many do you financially support? _____

Have you ever smoked tobacco:

___Y ___N

If yes, how many packs per day : _____ Number of years smoked: _____

Do you use smokeless tobacco:

___Y ___N

Do you drink alcohol:

___Y ___N

How often do you drink:

___Y ___N

When was the last time you drank alcohol: _____

Have you ever had a drug or alcohol problem:

___Y ___N

If yes, please explain: _____

Have you ever had surgery:

___Y ___N

If yes, please explain: _____

Do you wish or feel a need to see a Physical Therapist:

___Y ___N



WORK EXPERIENCE

If under the age of 16, please fill out parents/guardians information for this section

1. Employer:

Full Name of Employee:

Relationship with Applicant (i.e. Mother, Father, etc.):

Title/Position Held:

Employed From: To:

Manager's Name:

Title:

Manager's Phone Number:

Email:

(____) - _____ - _____

Address:

City:

State: Zip:

Business' Phone Number:

Website:

(____) - _____ - _____

Corporate Wellness Program: Y N

Are you currently employed? Y N

What is your hourly rate or salary? \$ _____

How many hours per week do you work? _____



APPLICANT'S HIGHEST EDUCATION

Name of School:

Street City State Zip

Years Attended: From To

Graduated Y N Degree Earned

GPA Access to School Fitness Center: Y N

If applicant is currently enrolled as a student, **please request and send transcripts** from current school year. Please state here whether the student is currently enrolled in a physical education class, health class, and/or involved in any health and fitness programs (physical or educational).