

HHS Client Data Sheet

HCGOV U: _____ P: _____ Subsidy Credit: _____ CSR: _____

Primary Person: _____ Preferred Language: _____

Who is on your Federal Tax Return? _____ If Married, are you filing jointly? Y _____ N _____

Address: _____

Employer: _____

Type of Work: _____

Phone: _____

Phone: _____

Email: _____

Income: _____

DOB: _____

Tobacco Use? Y _____ N _____

Social Sec #: _____

Company: _____ Plan Type: _____

Immigration Status: _____

Notes: _____

Secondary Person: _____

Relation: _____

Employer: _____

Phone: _____

Type of Work: _____

Email: _____

Phone: _____

DOB: _____

Income: _____

Social Sec #: _____

Tobacco Use? Y _____ N _____

Immigration Status: _____

Notes: _____

3rd Person: _____

Relation: _____

Employer: _____

Phone: _____

Type of Work: _____

Email: _____

Phone: _____

DOB: _____

Income: _____

Social Sec #: _____

Tobacco Use? Y _____ N _____

Immigration Status: _____

Notes: _____

4th Person: _____ Relation to Primary: _____

DOB: _____ Social Sec #: _____ Immigration Status: _____

5th Person: _____ Relation to Primary: _____

DOB: _____ Social Sec #: _____ Immigration Status: _____

Company: _____ U: _____ P: _____

Method of Payment: _____