



TOGETHER WE THRIVE

Consumer Enrollment Form

Name: _____ Birthdate: _____ Age: _____

Address: _____ Town: _____ Zip: _____

County: Allegany or Cattaraugus

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Focus Areas (Please circle all that you wish to work on):

Social Mental Emotional Physical Environmental Spiritual

Questions/Comments/Concerns:

Signature: _____ Date: _____

Signature: _____ Date: _____

Staff Use Only:

Contacted Date: _____ Contacted By: _____ Added to the Roster: _____