Biographical Data Sheet Consent Form

Information on Class Participant

Name		
Address		
DOB	Sex	Telephone
Medicaid #		
Social Security #		
Expected date of delivery (if pregnant)		
Information on Children		
Youngest Child DOB		
Child's name		
Ages of other children		
Relationship of Class Participant to Child		
(e.g., mother, father, grandparent, aunt, u	uncle, foster pa	arent)
		ational services. I release the provider from all further authorize the release of records for
inspection and audit by authorized repres	sentative of the	e Comptroller General of the United States, the first free for the Inspector General, Medicaid, and appropriate
agencies of the State of Alabama.		
Signature of Recipient		Date
Note to Instructor: This record is to be a attendance record.	completed onc	e per module and kept with the class
MED PHE 91-30-1		Page 1
Revised 6-13-05		

Evaluation Documentation Record (To Be Completed By Instructor)

Name	Medicaid Number
Date	