

# Family-to-Family Education Program Attendee Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Relative (Relationship) \_\_\_\_\_  
*(For example – are you the mother, father, sibling, spouse, child, other relative, or friend of the ill person?)*

Age of Ill Relative \_\_\_\_\_

Gender of Ill Relative \_\_\_\_\_ (F) \_\_\_\_\_ (M)

Diagnosis of Ill Relative (if known) \_\_\_\_\_

Does your relative receive?

- \_\_\_\_\_ Medicaid
- \_\_\_\_\_ Medicare
- \_\_\_\_\_ Both Medicaid and Medicare
- \_\_\_\_\_ Private Insurance
- \_\_\_\_\_ VA
- \_\_\_\_\_ Other
- \_\_\_\_\_ Don't know

*Our classes are taught by family volunteers.*

Please mail this application to: NAMI Greater Des Moines  
Box 12174  
Des Moines, Iowa 50312

Or E-mail the completed application to [namigdm@gmail.com](mailto:namigdm@gmail.com)