

Peer to Peer Education Program Attendee Application

Date _____

Name _____

Address _____

City/State/Zip _____

Phone (Home) _____ Phone (Work) _____
(Cell) _____ E-mail _____

Age _____

Gender _____ (F) _____ (M)

Diagnosis _____

Do you receive?

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

Our classes are taught by peer 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