ConnectAmerica®

SUPPLEMENTAL INFORMATION FORM

Company ☐ Connect America	☐ AMAC ☐ PRC	☐ Home Buddy ☐ BSAH	☐ CA West ☐ Lifeline

SUBSCRIBER INFORMATION

Name				**Subscriber #**	
Primary Language	**Date of Birth**	**Gender**		**Medicaid #**	
Address	**City**		**State**	**Zip**	
Email	**Home Phone**			**Mobile Phone**	
Nearest Intersection/Directions to Home				**Telephone Service** Provider: Pots DSL VOIP	

RESPONDERS: If less than 3 responders provided, list emergency services in order of preferred dispatch.

Responder 1		**Responder 2**		**Responder 3**	
Relation	**Key** Y N	**Relation**	**Key** Y N	**Relation**	**Key** Y N
Phone 1		**Phone 1**		**Phone 1**	
Phone 2		**Phone 2**		**Phone 2**	
Email		**Email**		**Email**	

Diagnoses/Allergies

Special Instructions/Hidden Key Location/Lock Box Combination

Retrieved Unit CSID (if applicable):

Subscriber/Authorized Representative Name	**Date**
Field Service Rep Signature SIGNATURE NOT REQUIRED FOR WEB SUBMISSION	**Date**