



# Blue Renaissance Application

Date \_\_\_\_\_

Name			
Last:		First:	
Address			
Street:	City:	State:	Zip:
Contact Information			
Phone:		Email:	
General Information			
Date of Birth:		Diagnosis:	
Medical Conditions:			
Allergies:			
<b>Emergency Contact:</b>	Name:		
	Number:		

What are you looking to do as part of this group? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your favorite activities?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What things do you dislike doing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to Jessica Markman  
Mental Health Association in Orange County Inc.  
73 James P. Kelly Way, Middletown, N.Y. 10940  
Updated 5/28/2019