NATIONAL KIDNEY FOUNDATION® of Arizona

NEW APPLICANT REGISTRATION FORM

The National Kidney Foundation of Arizona provides awareness, assistance, and hope to Arizonans at-risk and impacted by kidney disease. All patients requesting assistance from NKF AZ for the first time are asked to provide the information below.

Name (Last, First, Middle)			
Street Address			E-mail
City	State	Zip Code	Telephone
Employment Status (check one) ☐ Full-time ☐ Part-time ☐ Temporary ☐ Unemployed – seeking work ☐ Unemployed – not seeking work ☐ On disability ☐ Applied for disability – pending ☐ Other	Marital Status ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single		Gender ☐ Male ☐ Female ☐ Other Are you a veteran of the U.S. Armed Forces? ☐ Yes ☐ No
Month & Year of First Dialysis		Month and Year of Transplant, if applicable	

Optional: Demographic information is often required to obtain grants that help fund our patient programs.

Please check one:

☐ African American
☐ Alaskan Native
☐ Asian American
☐ Caucasian/White
☐ Hispanic/Latino
☐ Multi-racial
☐ Native American
☐ Native Hawaiian or other Pacific Islander
☐ Other: _____

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Tribal Affiliation (if applicable)
I am an enrolled member of the following tribal community, village, reservation, or nation:

□ Ak-Chin Indian Community	□ Hualapai Tribe	□ Salt River Pima-Maricopa
□ Yavapai Apache Nation	□ Kaibab-Pauite Tribe	□ San Carlos Apache
□ Navajo Nation	□ Pascua Yaqui Tribe	□ Tohono O'odham Nation
□ Cocopah Indian Reservation	□ Fort Mohave Indian Tribe	□ Tonto Apache Tribe
□ Colorado River Indian Tribe	□ Gila River Indian Community	□ Yavapai-Prescott Tribe
□ White Mountain Apache Tribe	□ Havasupai Indian Reservation	□ Fort Yuma – Quechan Tribe
□ Fort McDowell Yavapai Nation	□ Hopi Tribe	□ San Juan Southern Paiute Tribe
□ Other_____		

The above information is confidential and will not be released by the National Kidney Foundation of Arizona without prior notification and approval.

My signature below authorizes the release of the above information to the National Kidney Foundation of Arizona.

□ I give my permission for the National Kidney Foundation of Arizona to contact me regarding future patient education opportunities, organization updates, and special events (optional).

Patient Signature _____ Date _____