



Portico Healthnet  
2925 Chicago Ave South  
Greenway Level Suite 094  
Minneapolis, MN 55407  
651-489-2273

Organization Name \_\_\_\_\_  
Staff Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

***Do you need health coverage?***

***Let us help!***

*If anyone in your household needs health coverage, complete this form, and Portico Healthnet will contact you.*

I give permission to \_\_\_\_\_ and Portico Healthnet to share the information entered below to assist my family and me in establishing and/or maintaining enrollment in a health care program.

I understand that the information will be used for the sole purpose of assisting with establishing and/or maintaining enrollment in a health care program for my family and me. The information may not be shared with anyone else without my permission and the information will be kept secure and private.

This written permission will remain in effect for one year from the date of my signature. I understand that I may cancel this permission in writing at any time; however, it does not apply to information that may already have been shared.

***Yes, I would like help in finding health care coverage:***

Name of Client \_\_\_\_\_

Name of Parent/Guardian (if patient is under 18) \_\_\_\_\_

Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell/Work phone \_\_\_\_\_

Number of adults living in household \_\_\_\_\_

Number of children living in household \_\_\_\_\_

Primary Language \_\_\_\_\_ Need interpreter?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Client has provided verbal consent

**Fax to 651-603-5101**

Or send via secure document upload system at [porticohealthnet.sendsafely.com/dropzone/sendsafely](http://porticohealthnet.sendsafely.com/dropzone/sendsafely)