American Lung Association.
Lung HelpLine

1 - 888 - 552 - 7846
TTY 1 - 800 - 501 - 1068

IMPORTANT! Please fill out IN CAPITAL LETTERS using a BLACK or DARK BLUE pen in the following style:
A B C 1 2 3 ☒ ☑

Tobacco Treatment Enrollment Form

CLIENT INFORMATION- Please Print and Stay in the Boxes

FIRST NAME

LAST NAME

MAILING ADDRESS

CITY **STATE** **ZIP CODE**

EMAIL ADDRESS

PHONE NUMBER ( ) –

ALTERNATE PHONE ( ) –

DATE OF BIRTH / /

GENDER

☐ MALE ☐ FEMALE ☐ OTHER

RACE / ETHNICITY

LANGUAGE

☐ ENGLISH ☐ SPANISH ☐ OTHER (SPECIFY)

PREGNANT

☐ YES ☐ NO

MEDICAID PARTICIPANT

☐ YES ☐ NO

MAY WE LEAVE A MESSAGE?

☐ YES ☐ NO

WHEN SHOULD WE CALL?

☐ 7 AM - 10 AM ☐ 10 AM - 1 PM ☐ 1 PM - 4 PM ☐ 4 PM - 7 PM ☐ 7 PM - 9 PM

CLIENT SIGNATURE

I authorize my agency to release the information on this enrollment form to the American Lung Association Helpline and Tobacco Quitline for purposes of my participation in the tobacco cessation program and also authorize the American Lung Association Helpline and Tobacco Quitline and its representatives to contact me at the phone number(s) I have listed above. I give the Quitline and the referring agency permission to discuss my use of service.

X _____ _____

SIGNATURE OF THE CLIENT DATE

Program Information

Verra Mobility

Email this form to: referral@helpline.lung.org **Fax this form to: 1-855-784-8329**