

# Hands of Mercy Everywhere, Inc.

Teen's Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Must Have Copy of:**

D2 Social Security Card \_\_\_\_\_

D3 Birth Certificate \_\_\_\_\_

D4 Insurance/Medicare Card \_\_\_\_\_

D5 Driver's License/Photo ID \_\_\_\_\_

Attach all copies.