

Mid-Michigan Prescription Discount Program (MMPDP) Enrollment Form
(Please Print)

Last Name: _____ First Name: _____ M.I.: _____

SS#: _____ Birth Date: _____ Home Phone: () _____

Address: _____ Apt #: _____

City: _____ State: MI Zip: _____

County (Check one): Clinton Gratiot Montcalm **Number of People in Household:** _____

Sex: Male Female **Race (optional):** Black White Asian American Indian Other

Monthly Household Income: Less than \$1,750 \$1,750-\$2,400 \$2,401-\$3,000 \$3,001-\$3,700
 \$3,701-\$4,300 \$4,301-\$5,000 Over \$5,000
