



Center for New Beginnings

Sarah Ashe, Director
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P.O. Box 1066
Waynesboro, Ga. 30830

Insurance Form

Responsible Party: _____ Date of Birth: _____

SSN# _____ Relationship to child: _____
(If different than above)

Address: _____ City/Zip: _____

Preferred Phone Number: _____

Employer: _____ Full-Time/Part Time

Primary Insurance: _____

Subscriber: _____ Date of Birth: _____ SSN: _____

Group Member: _____ Member ID: _____

Address: _____

Phone Number: _____ Effective Date _____

Secondary Insurance: _____

Subscriber: _____ Date of Birth: _____ SSN: _____

Group Member: _____ Member ID: _____

Address: _____

Phone Number: _____ Effective Date _____

****Please remember to submit a copy of your Driver's License & Current Insurance Card****

If you would like to apply for our sliding scale based on income to reduced suggested donation cost please submit the following: copy of Sliding Scale Form ,current Driver's License, Insurance Card and Proof of Income. Please note to take advantage of this service we must have all paper work and forms complete. Thank you!