Dane County Department of Human Services
Client Registration (DHS 600)

1) PROVIDER NAME_____

2) CLIENT NUMBER

☐☐☐☐☐☐

3) SOCIAL SECURITY NUMBER

☐☐☐ ☐☐ ☐☐☐☐

4) NAME: Full Legal Name

Last_____

First_____

Middle_____ Ext._____

PREVIOUS NAME (If recent name change)

Last_____

First_____

Middle_____ Ext.___

5) BIRTHDATE

Month ☐☐ **Day** ☐☐ **Year** ☐☐☐☐

6) SEX ☐

7) RACE/RACE/ETHNIC ☐ ☐ ☐

8) MARITAL STATUS ☐

9) VETERAN (Y/N) ☐

10) HOMELESS (Y/N) ☐

11) ADDRESS

Number	Dir.	Name	Dir.	Type	Unit	Number
_____	___	_____	____	_____	_____	_____

or Rural Route (x) ☐ **P.O. Box (x)** ☐ **Number**_____

City_____ **State** _____ **Zip Code**_____

12) HOME PHONE:

(_____) _____-_____

BUSINESS PHONE:

(_____) _____-_____

ceb/03