

Student Information

**Complete and Return form to:** Schurz Service Unit Purchased/ Referred Care (PRC) Office  
 1150 Financial Blvd., Suite 500  
 Reno, NV 89502

**Please Answer All Questions**

Official Name and Address of School: \_\_\_\_\_  
 \_\_\_\_\_

How many years have you attended this school? \_\_\_\_\_

**Student Information**

<b>Name:</b>	
<b>Date of Birth:</b>	<b>SSN:</b>
<b>Tribal Affiliation:</b>	<b>Tribal Enrollment Number:</b>
<b>Address while Attending School:</b>	<b>Home Address</b>

Students receiving BIA grants are expected to purchase health insurance. Are you attending under a BIA scholarship or grant? Yes \_\_\_\_\_ No \_\_\_\_\_.

Do you have medical insurance or coverage from any medical assistance program? Please provide the name of your medical plan and identification numbers. Please provide a copy of your insurance card.

Insurance or Program Name	Plan Name	Member ID Number

Do you have any dependents that may need medical services while you are attending school? If yes, please provide the following information:

Names	Birth Date	Tribal Affiliation	Relationship

(Please use an additional piece of paper, if more space is needed)

Are you currently using IHS/Tribal health care services? If yes, please provide the following information.

IHS/Tribal facility Name	Dates of Service

I certify that I am a registered student and live on or near the \_\_\_\_\_ Indian reservation prior to attending school. \_\_\_\_\_

(Student's Signature)

I certify that the person named above is registered as a student with full-time status, and that health services and/or health insurance benefits are not provided by this school.

\_\_\_\_\_  
 (Signature of school official) (Title of School Official) (Date)