

Dane County Department of Human Services

Client Registration (DHS 600)

Provider's Name

New Client Number Assigned

Name: Full Legal Name

Previous Name (if recent change)

Last

Last

First

First

Middle

Middle

BirthDate

Gender

Race1 (Required)

Ethnicity

Race2 (optional)

Race3 (optional)

SSN

Marital Status

Veteran

Homeless

Primary
Language

Primary Language Other:

Preferred
Language

Preferred Language Other:

Hearing Impaired

Visually Impaired

Mobility Impaired

Needed Accommodations

(Check all that Apply)

large print (18pt or larger)

screen reading software

assistive listening system

open captioning

TTY

accessible entrance, bathroom, phone, etc

materials in braille

optical reader

video remote interpreting service

Other

audio description/recording

closed captioning

sign language interpreter

Address

Street

Unit #

Home Phone:() -

City

WI Zip Code

Cell Phone:() -

Email: