



Wednesday, April 12, 2023

## Health Fair Registration

**Name** Jack Wilcox

**Phone Number** (615) 708-6295

**Email** jrwilcox@butler.edu

**Zip Code** 46203

**Race**

**Are you a patient of Shalom?**

**If no, may we contact you?**

### Children 0-17

**How many are in your home?** 0

**How many are with you today?** 0

**Do you have a doctor?**

**Medicaid, Private Insurance, or none?**

### Adults 18+

**How many are with you today?  
(including yourself)** 0



Wednesday, April 12, 2023

## Health Fair Registration

**Name** Daniel Tanaka

**Phone Number** (317) 627-5653

**Email** dtanaka@butler.edu

**Zip Code** 46207

**Race** Asian

**Are you a patient of Shalom?** Yes

**If no, may we contact you?** Already a patient

### Children 0-17

**How many are in your home?** 1

**How many are with you today?** 1

**Do you have a doctor?** Yes

**Medicaid, Private Insurance, or none?** Yes

### Adults 18+

**How many are with you today?  
(including yourself)** 0



Wednesday, April 12, 2023

## Health Fair Registration

**Name** Anthony Berarducci

**Phone Number** (317) 846-6735

**Email** aberard@butler.edu

**Zip Code** 46208

**Race** Native Hawaiian or Other Pacific Islander

**Are you a patient of Shalom?** No

**If no, may we contact you?** No

### Children 0-17

**How many are in your home?** 4

**How many are with you today?** 3

**Do you have a doctor?** No

**Medicaid, Private Insurance, or none?** No

### Adults 18+

**How many are with you today?  
(including yourself)** 1



Sunday, April 30, 2023

## Health Fair Registration

**Name** John Williams

**Phone Number** (317) 872-6732

**Email** john@gmail.com

**Zip Code** 46207

**Race** ☐ American Indian or Alaska Native ☒ White

**Are you a patient of Shalom?**

☒ Yes

### Children 0-17

**How many are in your home?** 0

**How many are with you today?** 0

**Do you have a doctor?** ☒ No

**Medicaid, Private Insurance, or none?** ☒ Medicaid

### Adults 18+

**How many are in your home?** 3

**How many are with you today?  
(including yourself)** 2

**Do you have a doctor?** ☒ No

**Medicaid, Private Insurance, or none?** ☒ Private



Sunday, April 30, 2023

## Health Fair Registration

**Name** mark huffman

**Phone Number** (317) 678-4531

**Email** mark@gmail.com

**Zip Code** 46207

**Race** Black or African-American

**Are you a patient of Shalom?** No

**If no, may we contact you?** Yes

### Children 0-17

**How many are in your home?** 7

**How many are with you today?** 3

**Do you have a doctor?** No

**Medicaid, Private Insurance, or none?** Private

### Adults 18+

**How many are in your home?** 0

**How many are with you today?  
(including yourself)** 0

**Do you have a doctor?** No

**Medicaid, Private Insurance, or none?** None



Sunday, April 30, 2023

## Health Fair Registration

|  |                           |
|--|---------------------------|
| <b>Name</b>  | william willis            |
| <b>Phone Number</b>  | (317) 653-2167            |
| <b>Email</b>   | willaim@gmail.com         |
| <b>Zip Code</b>  | 46208                     |
| <b>Race</b>  | Black or African-American |
| <b>Are you a patient of Shalom?</b>                          | No                        |
| <b>If no, may we contact you?</b>                            | No                        |
| <b>Children 0-17</b>   |                           |
| <b>How many are in your home?</b>                            | 1                         |
| <b>How many are with you today?</b>                          | 1                         |
| <b>Do you have a doctor?</b>                                 | No                        |
| <b>Medicaid, Private Insurance, or none?</b>                 | None                      |
| <b>Adults 18+</b>  |                           |
| <b>How many are in your home?</b>                            | 1                         |
| <b>How many are with you today?<br/>(including yourself)</b> | 1                         |
| <b>Do you have a doctor?</b>                                 | Yes                       |
| <b>Medicaid, Private Insurance, or none?</b>                 | Medicaid                  |