



Blue Envelope Enrollment Application

Last:		First:	
Middle:		Suffix:	
Date of Birth (Mo/Day/Year):			
Driver's License Number:			
Residential Address:			
Street 1:		City:	
Street 2:		State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			

AFFIRMATION/SIGNATURE:

I DO SOLEMNLY SWEAR/AFFIRM THAT, UNDER THE PENALTIES OF PERJURY, I AM THE PERSON NAMED AND DESCRIBED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. ALSO, BY SUBMITTING THIS APPLICATION, I AFFIRM THAT I AM GIVING PERMISSION FOR THE NECESSARY INDIVIDUALS TO SHARE MY AUTISM SPECTRUM DIAGNOSIS WITH NECESSARY PARTIES.

USUAL Signature of Applicant

Date

Please scan and submit this application to blueenvelopeprogram@dps.ms.gov.