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Disclosure Statement

I hereby authorize the release of any and all information pertaining to my physical and/or mental health status to the Bob Brown House/Independence Homes to determine my eligibility for admission to the Bob Brown House/Independence Homes. (Disclosure should be made for all doctors and agencies working with applicant. These will include but are not limited to attending physicians, psychiatrist and physical and occupational therapists; social work agencies and health insurance providers.)

Health Insurance Provider

Member ID

Preferred Pharmacy

Pharmacy Phone Number

Pharmacy Address

Applicant Signature

Date