

HealthCard Application

*This application is to receive a new HealthCard
or to replace a lost or misplaced card only.*

Name: _____

Sex: Male Female

Date of Birth: _____

Social Security No: _____

Mailing Address: _____

City/Town: _____

*Must be in Greater Franklin County.**

State & Zip: _____

Telephone: _____

E-mail: _____

**Have you ever been treated
at Franklin Memorial Hospital?** YES NO

If yes, under what name did you register?

For more information about the HealthCard, please
call (207) 779-CARD (2273).

**This includes Franklin County,
and neighboring towns including
Livermore and Livermore Falls.*



FRANKLIN COMMUNITY HEALTH NETWORK

www.fchn.org

Please mail completed applications to:

**HealthCard Program
Franklin Community Health Network
111 Franklin Health Commons
Farmington, ME 04938-9903**