



**Please Print/Check all that applies/E-mail to [info@realmencare.org](mailto:info@realmencare.org) or mail to P.O. Box 34, Glenn Dale, Maryland 20769.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has your wife been diagnosed with a chronic illness? **Yes**  **No**  If yes, would you please list the illness(es).

\_\_\_\_\_

Do you have children? **Yes**  **No**  If yes, how many and how old are they? \_\_\_\_\_

\_\_\_\_\_

Will you need transportation to meetings? **Yes**  **No**

Will you need child care? **Yes**  **No**

How did you hear about us? \_\_\_\_\_