

STAUNTON AUGUSTA RESCUE SQUAD HOUSEHOLD SUBSCRIPTION PROGRAM APPLICATION

Last Name	First Name	MI.	Social Security Number (optional)	Date of Birth
Address				
City	State	Zip Code	Telephone Number	

List other members in household:

Last Name	First Name	MI.	Social Security Number (optional)	Date of Birth
Last Name	First Name	MI.	Social Security Number (optional)	Date of Birth
Last Name	First Name	MI.	Social Security Number (optional)	Date of Birth
Last Name	First Name	MI.	Social Security Number (optional)	Date of Birth

Subscription Program

The Staunton Augusta Rescue Squad offers an annual subscription program to patients who do not have health insurance coverage. The subscription fee covers all transports or other emergency services provided to the patient and their household for the period of one year. The fee for the Subscription Program is \$150.00 annually.

Certification Statement:

I certify that I do not have health insurance coverage for myself or the members of my household listed above.

Signature of Head of Household or other Authorized Person:

Signature Date

Return the form with payment to:

**Staunton Augusta Rescue Squad
P.O. Box 2828
Staunton, VA 24402**

For assistance, please call 540-213-0528 or toll free at 877-331-4261.