



Patient Data & Eligibility

Today's Date: _____

TO RECEIVE SERVICES, YOU MUST HAVE A PHOTO I.D. , PROVIDE PROOF THAT YOU RESIDE IN HAMILTON COUNTY, AND PROOF THAT YOUR INCOME FALLS BELOW THE FOLLOWING LEVELS:

- Photo I.D.: Valid driver's license, passport, current school ID (for minors/ students), Indiana State I.D. Photocopies are not acceptable.
- Acceptable Proof of Residency: Driver's license, mortgage/lease agreement, utility bill, letter verifying enrollment from child's school, referral from township trustee, letter from employer on official company letterhead with contact info, or official immigration document showing Hamilton County as permanent residence.
- Acceptable Proof of Income: Current bank statement with payroll direct deposits, W-2, current paystub, social security/disability statement, or Letter from school stating student receives free/reduced lunch.

Household size:	1	2	3	4	5	6	7	8
Your annual income:	\$33,975/yr.	\$45,775/yr.	\$57,575/yr.	\$69,375/yr.	\$81,175/yr.	\$92,975/yr.	\$104,775/yr.	\$116,575/yr.
Your monthly income:	\$2,831/mo.	\$3,815/mo.	\$4,798/mo.	\$5,781/mo.	\$6,765/mo.	\$7,748/mo.	\$8,731/mo.	\$9,628/mo.

Legal Last Name: _____ First Name: _____ Middle: _____

Gender: Female Male Date of Birth ____/____/____ Mother's Maiden Name: _____

Parent/Guardian Name (if under 18 years old) _____ Parent Date of Birth ____/____/____

Address: _____ No Residence

Street Address Apt # City Zip Code

Township: Adams Clay Delaware Fall Creek Jackson Noblesville Washington Wayne White River

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Permission to call/text? Yes No Permission to leave voice mail with health info? Yes No Permission to email? Yes No

Language: English Spanish Arabic Other _____ Need interpreter? Yes No Country of birth _____

Race/Ethnicity: White Hispanic/Latino Asian African American Hawaiian/Pacific American Indian/Alaskan Other _____

Marital Status: Single Married Divorced Separated Widowed Are you a single parent? Yes No

Household Size _____ Adults _____ Children Income \$ _____ per week 2 weeks month year

Employer: _____ Occupation: _____ Work Phone: (____) _____

If not working, when and where was the last place you worked? _____

If you have no income, please note assets (i.e. savings) you are living on: _____

Emergency Contact: Name _____ Relationship: _____ Phone: (____) _____

What insurance do you have? None Medical Dental Vision Medicare Medicaid Emergency Medicaid

Where do you currently receive healthcare? Nowhere ER Riverview St. Vincent Primary Care Other

Do you smoke? Yes No Do you vape? Yes No Does anyone in household smoke? Yes No Anyone vape? Yes No

When is the last time you saw a dentist? Never 1-2 years ago 3-5 years ago 5-10 years ago More than 10 years ago