

ATTACHMENT C

UNINSURED CARE APPLICATION

PATIENT INFORMATION

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone: (\_\_\_\_) \_\_\_\_\_
Linked Patient Chart # \_\_\_\_\_
Was the patient born in the US? ( ) yes ( ) no

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Family Size: \_\_\_\_\_
(include immediate family members
spouse, children under age 20)

MARITAL STATUS

\_\_\_\_\_ single
\_\_\_\_\_ married
\_\_\_\_\_ separated
\_\_\_\_\_ divorced
\_\_\_\_\_ widowed

PATIENT ID (maintain copy)

\_\_\_\_\_ driver license
\_\_\_\_\_ Social Security card
\_\_\_\_\_ INS/welfare card
\_\_\_\_\_ alien registry card
\_\_\_\_\_ other

HEALTH INSURANCE STATUS (maintain copy)

Does patient have any of the following? \_\_\_\_\_ Private Ins. \_\_\_\_\_ Medicaid \_\_\_\_\_ NJ FamilyCare
\_\_\_\_\_ Welfare \_\_\_\_\_ SSI \_\_\_\_\_ Medicare

If yes, effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SCREENING FOR MEDICAL ASSISTANCE

If patient is uninsured, was patient screened for eligibility to any other governmental insurance program?
\_\_\_\_\_ yes \_\_\_\_\_ no

INCOME INFORMATION (maintain copy)

Is patient/guardian(s) currently employed? \_\_\_\_\_ yes \_\_\_\_\_ no
Total family income per month: \$\_\_\_\_\_ per year: \$\_\_\_\_\_

Proof of family income (check all that apply):

\_\_\_\_\_ paycheck \_\_\_\_\_ child support payment \_\_\_\_\_ disability benefit
\_\_\_\_\_ unemployment benefits \_\_\_\_\_ foster care benefit \_\_\_\_\_ other
\_\_\_\_\_ income tax return \_\_\_\_\_ employer statement

I certify that the above information is true and correct. I am aware that if any foregoing statements made by me are willfully false, I may be subject to punishment.

\_\_\_\_\_  
Patient (Parent/Guardian) Signature

\_\_\_\_\_  
Date

HEALTH CENTER USE ONLY

Center employee verifying they reviewed the above information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Twelve month reassessment of continuing eligibility, including current income and insurance status (updated income and insurance documentation must be maintained in patient file)