

# Free Clinic of Pulaski County – Eligibility

**Patient Name: Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone ( )** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_

**Male** **Female** **Caucasian** **African American** **Hispanic or Latino** **Asian** **Other** \_\_\_\_\_

**Do you have insurance?** \_\_\_\_\_ **Do you have Medicare or Medicaid?** \_\_\_\_\_ **Are you a Veteran?** \_\_\_\_\_

**Marital Status: Single** \_\_\_\_\_ **Married** \_\_\_\_\_ **Do you reside in a home with others?** \_\_\_\_\_

**Is there children in the home either full time or part time?** \_\_\_\_\_

**What is the total number of people living in your home including yourself?** \_\_\_\_\_

**Do you work?** \_\_\_\_\_ **Full time** \_\_\_\_\_ **Part time** \_\_\_\_\_ **Sometimes** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Did you file taxes last year?** \_\_\_\_\_ **Does anyone else in the home work?** \_\_\_\_\_ **Does anyone in the home receive unemployment, Social Security, SSI?** \_\_\_\_\_ **Is anyone on Disability?** \_\_\_\_\_ **For how long?** \_\_\_\_\_

**Does anyone in the home receive a pension, child support or alimony?** \_\_\_\_\_

## I understand and agree to the following:

I will be respectful and considerate of staff. I will conduct myself in a non-threatening (physical or verbal) manner whether on site, over the phone or in written communication. I understand that violation of proper behavior is cause for immediate dismissal as a patient at the Free Clinic of Pulaski County.

I will inform the Free Clinic immediately of any changes in my household such as income, marital status, telephone number or address changes. Any deception found to receive services under fraudulent means will result in dismissal from the practice.

I understand that each new calendar year I am required to provide a federal 1040 for all household members. If I do not file income tax then I will provide any and all W2's. Failure to do so will result in dismissal from the practice.

Pulaski Free Clinic asks for a \$2.00 donation upon arrival for your appointment. If you can not afford a donation, please know that you can still receive your medical care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_