Community Clinic Card Application

PATIENT INFORMATION/INFORMACION DEL PACIENTE

Name/Nombre_____ DOB_____ AGE _____
First Name/Nombre, Middle initial, Last Name/Nombre o Primero y Segundo Apelledos

Address/Direccion_____
City/Ciudad_____ State/Estado_____ Zip/Codigo postal _____

Gender ☐ Male ☐ Female Marital Status/Estado civil ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Preferred Language ☐ English ☐ Spanish ☐ Other _____ Family Size/Tamano de la familia _____

(Other County)

☐ U.S. Citizen ☐ Documented Immigrant ☐ Non-Documented Immigrant ☐ Homeless ☐ Migrant Worker or Other

Race ☐ African American or Black ☐ American Indian or Alaska Native ☐ Asian ☐ Hispanic or Latino (All Races)

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Declined to Specify

Home Phone_____ Work Phone_____ Cell Phone_____

Preferred Personal Email Address/ Correo electronico preferido _____

EMPLOYMENT INFORMATION/ INFORMACION SOBRE EL EMPLEO

Where do you work/ Donde trabajas?_____ Phone _____
Name of Employer/ Nombre del empleador

Proof of Income/ Pagado enefectivo por trabajo ___ Most recent 1040 ___ paystubs ____Verification of Income and Assets Form

Monthly household income/Esto,acopm de ingresos mensuales $ _____

Source of income ☐ Employment ☐ Social Security ☐ Disability ☐ Pension ☐ Paid in cash for job /Pagado en efectivo por trabajo

Please check all that apply/ comprobar todo lo que se aplican: ☐ PRIVATE INSURANCE ☐ MEDICAID ☐ MEDICARE ☐ V.A. BENEFITS ☐ NO ASSISTANCE

I will provide/ Voy a proporcionar (circle/circunferencia) Social Security #, Visa, Green Card, Driver's License, Consulate Papers, Other

SIGNATURE\FIRMA

I attest to the truthfulness of the information provided. . I understand that it is my responsibility to re-apply every 6 monhts.

Apruebo la veracidad de la información proporcionada. Entiinedo es necesito volver a solicitarlo en seis meses.

_____ Date/Feche _____

Signature of Client or Parent / Guardian or Power of Attorney
Firma del solicitante o padre / Guardian o representate autorizado