Demographic/Eligibility Worksheet

Language: English / Spanish / Other: _____ **Hispanic: Yes / No** **Race:** _____ **Gender: M / F**

Legal Name: _____ **DOB** _____ **SS#** _____

Home Address: _____ **City** _____ **State** _____ **Zip** _____

Mailing Address: _____ **City** _____ **State** _____ **Zip** _____

Cell Phone # _____ **Home phone #** _____ **Email** _____

Do you have insurance? YES / NO Insurance Provider: _____ **Policy #:** _____

Single _____ **Married** _____ **Separated** _____ **Divorced** _____ **Widowed** _____

◯ **I agree to receive phone calls/text messages reminding me of appointments.** ◯ **I am under the age of 18.**
I prefer to be contacted via: ___ cell phone ___ e-mail ___ postal mail

Spouse/Partner and your children

Under 18 years old	**Relationship**	**DOB**	**Social Security #**	**Insurance/Medicaid #**	**Race**	**M/F**

Please list everyone with any type of income in your family

Include all jobs, pensions, child support, social security, death benefit, alimony, unemployment/workers' compensation, veteran benefits, investments, trust funds, rental income, self-employment, public assistance, grants or any other income received.

Name	**Employer or (type of income)**	**Gross Income**	**How often received** **Weekly, Bi-Weekly, Monthly**

Other Sources of Income: (Note if you receive income – Weekly = W, Bi-Weekly = BW or Monthly = M)

Public Assistance (TANF) (FS/SNAP) $_____
Unemployment/Compensation $_____
Government/Private Pensions $_____
Retirement/SSA $_____
Child Support $_____
Social Security (SSD/SSI) $_____
Rental Property $_____
Other Income: _____ $_____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Address: _____

PATIENT CERTIFICATION

I affirm that the information I am providing is true and correct. I understand if I provide false or inaccurate information that services may be discontinued and I will have to pay for all services received according to the fee schedule, FAC64fl 0. 003(5).

SIGNATURE: _____ **DATE:** _____

03/23-AGA