

Please answer the following questions:

- Are you a veteran?  Yes  No
- Are you a migrant farm worker?  Yes  No  Seasonal
- Are you attending school?  Yes  No

If yes, which school are you attending: \_\_\_\_\_

Please check which of the following best describes your race. Please only select one:

- American Indian or Native Alaskan  Asian  Black or African American  Native Hawaiian
- Pacific Islander  White  More than one race  Unknown, not listed, or refuse to report

Please check which of the following best describes your ethnicity. Please only select one:

- Hispanic, Latino, or Chicano  Non-Hispanic, Latino, or Chicano  Refuse to report

Please check which of the following best describes your primary medical coverage type. Please select only one:

- Medicaid  Medicare  Private or commercial insurance (including through Marketplace)  None or uninsured

**SECTION II: PATIENT HOUSEHOLD INFORMATION**

Please **MARK** your family size and household income range (first find family size then find income range in same row)

Family Size	Annual Income Ranges					
1	<input type="checkbox"/> \$0-\$14,580	<input type="checkbox"/> \$14,581-\$18,225	<input type="checkbox"/> \$18,226-\$21,870	<input type="checkbox"/> \$21,871-\$25,515	<input type="checkbox"/> \$25,516-\$29,160	<input type="checkbox"/> Over \$29,160
2	<input type="checkbox"/> \$0-\$19,720	<input type="checkbox"/> \$19,721-\$24,650	<input type="checkbox"/> \$24,651-\$29,580	<input type="checkbox"/> \$29,581-\$34,510	<input type="checkbox"/> \$34,511-\$39,440	<input type="checkbox"/> Over \$39,440
3	<input type="checkbox"/> \$0-\$24,860	<input type="checkbox"/> \$24,861-\$31,075	<input type="checkbox"/> \$31,076-\$37,290	<input type="checkbox"/> \$37,291-\$43,505	<input type="checkbox"/> \$43,506-\$49,720	<input type="checkbox"/> Over \$49,720
4	<input type="checkbox"/> \$0-\$30,000	<input type="checkbox"/> \$30,001-\$37,500	<input type="checkbox"/> \$37,501-\$45,000	<input type="checkbox"/> \$45,001-\$52,500	<input type="checkbox"/> \$52,501-\$60,000	<input type="checkbox"/> Over \$60,000
5	<input type="checkbox"/> \$0-\$35,140	<input type="checkbox"/> \$35,141-\$43,925	<input type="checkbox"/> \$43,926-\$52,710	<input type="checkbox"/> \$52,711-\$61,495	<input type="checkbox"/> \$61,496-\$70,280	<input type="checkbox"/> Over \$70,280
6	<input type="checkbox"/> \$0-\$40,280	<input type="checkbox"/> \$40,281-\$50,350	<input type="checkbox"/> \$50,351-\$60,420	<input type="checkbox"/> \$60,421-\$70,490	<input type="checkbox"/> \$70,491-\$80,560	<input type="checkbox"/> Over \$80,560
7	<input type="checkbox"/> \$0-\$45,420	<input type="checkbox"/> \$45,421-\$56,775	<input type="checkbox"/> \$56,776-\$68,130	<input type="checkbox"/> \$68,131-\$79,485	<input type="checkbox"/> \$79,486-\$90,840	<input type="checkbox"/> Over \$90,840
8	<input type="checkbox"/> \$0-\$50,560	<input type="checkbox"/> \$50,561-\$63,200	<input type="checkbox"/> \$63,201-\$75,840	<input type="checkbox"/> \$75,841-\$88,480	<input type="checkbox"/> \$88,481-\$101,120	<input type="checkbox"/> Over \$101,120

**SECTION III: INSURANCE INFORMATION**

Insurance Name: \_\_\_\_\_ Policy number/Enrollment ID: \_\_\_\_\_

Group ID: \_\_\_\_\_ Member ID: \_\_\_\_\_

**SECTION IV: EMERGENCY CONTACT INFORMATION**

Emergency Contact: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about Charles Drew Health Center, Inc.? \_\_\_\_\_