

REGIONAL MEDICAL CENTER AT LUBEC - Questionnaire

Why are we asking for this information?

This information is confidential and is not reported about you as an individual .

As a Federally Qualified Health Center, we must show that we provide care to meet the needs of every patient.

This information supports the funding that keeps our health center open and providing affordable care in our rural community.

INCOME STATUS					
Circle Below: the # of persons in the household:	Annual Income:				
	AND Check the <i>estimated</i> annual household income for all persons living in the home:				
1 →	<input type="checkbox"/> \$0-\$15,960	<input type="checkbox"/> \$15,961-\$19,950	<input type="checkbox"/> \$19,951-\$23,940	<input type="checkbox"/> \$23,941-\$31,920	<input type="checkbox"/> \$31,921 or more
2 →	<input type="checkbox"/> \$0-\$21,640	<input type="checkbox"/> \$21,641-\$27,050	<input type="checkbox"/> \$27,051-\$32,460	<input type="checkbox"/> \$32,461-\$43,280	<input type="checkbox"/> \$43,281 or more
3 →	<input type="checkbox"/> \$0-\$27,320	<input type="checkbox"/> \$27,321-\$34,150	<input type="checkbox"/> \$34,151-\$40,980	<input type="checkbox"/> \$40,981-\$54,640	<input type="checkbox"/> \$54,641 or more
4 →	<input type="checkbox"/> \$0-\$33,000	<input type="checkbox"/> \$33,001-\$41,250	<input type="checkbox"/> \$41,251-\$49,500	<input type="checkbox"/> \$49,501-\$66,000	<input type="checkbox"/> \$66,001 or more
5 →	<input type="checkbox"/> \$0-\$38,680	<input type="checkbox"/> \$38,681-\$48,350	<input type="checkbox"/> \$48,351-\$58,020	<input type="checkbox"/> \$58,021-\$77,360	<input type="checkbox"/> \$77,361 or more
6 →	<input type="checkbox"/> \$0-\$44,360	<input type="checkbox"/> \$44,361-\$55,450	<input type="checkbox"/> \$55,451-\$66,540	<input type="checkbox"/> \$66,541-\$88,720	<input type="checkbox"/> \$88,721 or more
7 →	<input type="checkbox"/> \$0-\$50,040	<input type="checkbox"/> \$50,041-\$62,550	<input type="checkbox"/> \$62,551-\$75,060	<input type="checkbox"/> \$75,061-100,080	<input type="checkbox"/> \$100,081 or more
8 →	<input type="checkbox"/> \$0-\$55,720	<input type="checkbox"/> \$55,721-\$69,650	<input type="checkbox"/> \$69,651-\$83,580	<input type="checkbox"/> \$83,581-\$111,440	<input type="checkbox"/> \$111,441 or more
Additional Persons _____					
Sliding Fee Discount Program Applications can be obtained at the reception desk.					

RACE
Please check <u>all</u> that apply:
<input type="checkbox"/> White
<input type="checkbox"/> African American
<input type="checkbox"/> Native American
<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Asian
<input type="checkbox"/> Other: _____

ETHNICITY
Please check <u>all</u> that apply:
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Other: _____

ARE YOU A VETERAN?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Is Service here approved by the Department of Veteran Affairs?
<input type="checkbox"/> Yes <input type="checkbox"/> No

ARE YOU A MIGRANT WORKER?
<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT STATUS
<input type="checkbox"/> Employed <input type="checkbox"/> Part Time
<input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
<input type="checkbox"/> Retired

Residence: Have you been Homeless in the calendar year? If <u>yes</u> , please check one.
<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Street
<input type="checkbox"/> Transitional
<input type="checkbox"/> Doubling Up

PRIMARY LANGUAGE
<input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> Other: _____

HIGHEST LEVEL OF EDUCATION
<input type="checkbox"/> Not Yet in School
<input type="checkbox"/> Grade School
<input type="checkbox"/> Middle School
<input type="checkbox"/> High School
<input type="checkbox"/> GED
<input type="checkbox"/> Did Not Complete High School
<input type="checkbox"/> Trade School
<input type="checkbox"/> Some College
<input type="checkbox"/> College Graduate

SEXUAL ORIENTATION
<input type="checkbox"/> Straight
<input type="checkbox"/> Lesbian, Gay, Homosexual
<input type="checkbox"/> Bisexual
<input type="checkbox"/> Something Else
<input type="checkbox"/> Unsure
<input type="checkbox"/> Decline to Answer

GENDER IDENTITY
<input type="checkbox"/> Male
<input type="checkbox"/> Female
<input type="checkbox"/> Transgender Male (Female-to-male)
<input type="checkbox"/> Transgender Female (Male-to-Female)
<input type="checkbox"/> Gender Neutral
<input type="checkbox"/> Decline to Specify

Are your visits paid for by a government program or research grant?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Are you entitled to Medicare based on age, disability, or end stage renal disease?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list why: _____

PLEASE SIGN: I verify that the information listed is correct:

Signature: _____ Date: _____