COACHELLA VALLEY VOLUNTEERS IN MEDICINE (CVVIM)

2018 PATIENT REGISTRATION FORM

(Please Print)

Today's Date:	Briefly de	scribe the reaso	n for toda	y's v	isit: MR#				
/ /									
PATIENT INFORMATION									
Last Name: First:		Middle: Birth Da			Gender:				
		/			☐ Male ☐ Transgende	Transgender			
				□ Female					
		ecurity			Do you have a preferred name:				
S		Number:							
☐ Married ☐ Other					Proof of Residency: (Make copy for file)				
□ Divorced	#	# / /		□ Gas Bill		' '			
Street address:	City:	City:		de:	☐ Electric Bill ☐ Other Bill or Statement ☐ Telephone Bill With home address ☐ Homeless (No proof required)				
B. t	6			1.1.					
Primary Phone:	Second	dary Phone:	Photo	Photo Identification Number:					
()	(()		ID Type:					
Email Address:		Are you a		ou a l	USA Citizen? ☐ YES ☐ NO				
Race/Ethnicity	Primary Lan	nary Language Read:		Person to contact in case of emergency: Name:					
☐ African American	-								
□ Asian American									
☐ Caucasian/White	Primary Lan	guage Spoken:							
□ Latino/Hispanic				Relationship:					
□ Native American/Alaskan									
□ Other	□ Limited Fr	mited English Proficiency		Telephone Number:					
	- Lillited Li								
		EMPLOYMEN1	INFORM	ATIO					
Employment Information (For		Class of Work			Employme				
the household who are workin	g)	☐ Construction			□ Unemplo	•			
		☐ Agriculture / Farmer				d – Part time			
Are you currently employed?			☐ Landscaper / Gardener		□ Employe	d – Full time			
□ YES □ NO		☐ Housekeeper ☐ Hotel / Motel			□ Seasonal	l			
Employer Name:		☐ Maintenance / Janitor ☐ Restaurant / Food Service			□ Disabled				
In what City do you Work?		☐ Healthcare			□ Student	-,			
in what city do you work?		□ Other:							
11		<u> </u>	.1.*.	16.50	50 bish has in 11 5				
Have you been to the Emergency Room as a patien			tnın		ES, which hospital's Emerge	•			
the last 6 months? □ YES □ NO					senhower Medical Center (K Memorial Hospital (Indio	• • •			
If YES, how many visits to the Emergency Room have you made in									
the past year?									
Who referred you to CVVIM?					Moreno Valley)				
who referred you to CVV		IIVI :		•					

COACHELLA VALLEY VOLUNTEERS IN MEDICINE (CVVIM)

2018 PATIENT ELIGIBILITY FORM

(Please Print)

Today's	Date:	Patient's N	Vame:	•		
/	/	Last:		First:		Middle:
		HOUSEHO	OLD SIZE AN	ND INCOME VERIFIC	CATION	
	Number of People in Household				or <u>all</u> Persons in the 00% of 2016 FPL)	
		1		\$0	- 24,120	1
	2 3 4		\$24,12 \$32,48 \$40,84		1 – 32,480	1
					1 – 40,840	
					1 – 49,200	
	5				1 – 57,560	
	6 7				1 – 65,920	_
	8			\$65,921 – 74,280 \$74,281 – 82,640		
				777,20	1 02,040	_
	Paycheck(s) (ma Previous Year's T W-2 (s) (make co	ake copy for Fax Return(s opy for file)	file)) (make co _l	py for file)		
oof of Income:	Paycheck(s) (ma Previous Year's 1	ake copy for Fax Return(s opy for file)	file)) (make cop	oy for file) Paid in Cash LINFORMATION	n? 🗆 YES 🗆 NC	
oof of Income:	Paycheck(s) (ma Previous Year's 1 W-2 (s) (make co Other:	ake copy for Fax Return(s opy for file)	file)) (make cop DDITIONA How did y	oy for file) Paid in Cash		
oof of Income:	Paycheck(s) (ma Previous Year's 1 W-2 (s) (make co Other:	ake copy for Fax Return(s opy for file)	file)) (make cop DDITIONA How did y Bus Family	oy for file) Paid in Cash LINFORMATION Ou get to CVVIM:	n? 🗆 YES 🗆 NC	
Education: □ Grades K-6 □ Grades 7-12	Paycheck(s) (ma Previous Year's 1 W-2 (s) (make co Other:	ake copy for Fax Return(s opy for file)	file)) (make cop DDITIONA How did y Bus Family Other	Paid in Cash LINFORMATION You get to CVVIM: Car	Does your employed insurance?	er offer health
Education: Grades K-6 Grades 7-12 No School	Paycheck(s) (ma Previous Year's 1 W-2 (s) (make co Other:	ake copy for Fax Return(s opy for file)	file)) (make cop DDITIONA How did y Bus Family Other US Vetera	Paid in Cash LINFORMATION You get to CVVIM: Car	Does your employed insurance? YES DO	er offer health
Education: Grades K-6 Grades 7-12 No School Some College	Paycheck(s) (ma Previous Year's T W-2 (s) (make co Other:	ake copy for Fax Return(s opy for file)	file)) (make cop DDITIONA How did y Bus Family Other	Paid in Cash LINFORMATION You get to CVVIM: Car	Does your employed insurance? YES DO	er offer health ered?
Education: □ Grades K-6 □ Grades 7-12	Paycheck(s) (ma Previous Year's T W-2 (s) (make co Other:	ake copy for Fax Return(s opy for file)	file)) (make cop DDITIONA How did y Bus Family Other US Vetera	Paid in Cash LINFORMATION You get to CVVIM: Car	Does your employed insurance? YES DO	er offer health ered?
Education: Grades K-6 Grades 7-12 No School Some College College Graduate	Paycheck(s) (ma Previous Year's T W-2 (s) (make co Other:	ake copy for Fax Return(s opy for file)	file)) (make cop DDITIONA How did y Bus Family Other US Vetera YES	Paid in Cash LINFORMATION You get to CVVIM: Car Friend or Taxi Walk In: NO Ire you covered? Medi-Cal	Does your employed insurance? YES NO If YES, are you coved YES NO If YES, was it for are YES NO Person who comp	er offer health ered? n emergency only? leted the application
Education: High School Diplo Grades K-6 Grades 7-12 No School Some College College Graduate Have you ever app	Paycheck(s) (ma Previous Year's T W-2 (s) (make co Other:	ACARE WITH?	file)) (make cop DDITIONA How did y Bus Family Other US Vetera YES	Paid in Cash LINFORMATION You get to CVVIM: Car Friend or Taxi Walk In: NO Are you covered? Medi-Cal YES NO	Does your employed insurance? YES NO If YES, are you coved YES NO If YES, was it for are YES NO Person who comp	er offer health ered? n emergency only?
Education: High School Diplo Grades K-6 Grades 7-12 No School Some College College Graduate Have you ever app	Paycheck(s) (ma Previous Year's T W-2 (s) (make co Other: oma/ GED plied for Health C Medi-Cal 'ES □ NO t Services Progra	ACARE WITH?	file)) (make cop DDITIONA How did y Bus Family Other US Vetera YES	Paid in Cash L INFORMATION You get to CVVIM: Car Friend or Taxi Walk In: NO Ire you covered? Medi-Cal YES NO (MISP)	Does your employed insurance? YES NO If YES, are you cover yes NO If YES, was it for are yes NO Person who comp	er offer health ered? n emergency only? leted the application
Education: High School Diplo Grades K-6 Grades 7-12 No School Some College College Graduate Have you ever app	Paycheck(s) (ma Previous Year's T W-2 (s) (make co Other: oma/ GED plied for Health C Medi-Cal 'ES □ NO t Services Progra	ACARE WITH?	file)) (make condition of the condition	Paid in Cash L INFORMATION You get to CVVIM: Car Friend or Taxi Walk In: NO Ire you covered? Medi-Cal YES NO (MISP)	Does your employed insurance? YES NO If YES, are you cover yes NO If YES, was it for are yes NO Person who comp	er offer health ered? n emergency only? leted the application
Education: High School Diplo Grades K-6 Grades 7-12 No School Some College College Graduate Have you ever app	Paycheck(s) (ma Previous Year's 1 W-2 (s) (make co Other: Dilied for Health C Medi-Cal YES NO t Services Progra ES NO red California	ACARE WITH?	file)) (make condition of the condition	Paid in Cash L INFORMATION You get to CVVIM: Car Friend or Taxi Walk In: NO Are you covered? Medi-Cal YES NO (MISP) YES NO	Does your employed insurance? YES NO If YES, are you cover yes NO If YES, was it for are yes NO Person who comp	er offer health ered? n emergency only? leted the application
Education: High School Diplo Grades K-6 Grades 7-12 No School Some College College Graduate Have you ever app	Paycheck(s) (ma Previous Year's T W-2 (s) (make co Other: Dilied for Health C Medi-Cal ES	ACARE WITH?	file)) (make continued in the continued	Paid in Cash LINFORMATION You get to CVVIM: Car Friend or Taxi Walk In: NO Are you covered? Medi-Cal YES NO (MISP) YES NO Fred California	Does your employed insurance? YES NO If YES, are you coved YES NO If YES, was it for are YES NO Person who comp Signature: Name:	er offer health ered? n emergency only? leted the application