



PATIENT REGISTRATION

VIM is NOT an Urgent Care Clinic.

If you have a **MEDICAL EMERGENCY**, **CALL 911** or visit an Emergency facility in your area. We provide Primary Medical Care only. We do not provide Dental Services at this time.

The terms of our Eligibility Requirements do not permit us to accept applicants that reside outside of the Coachella Valley.

PATIENT INFORMATION

Today's Date

Why do you need to see a doctor?

Name

<input type="text"/>	<input type="text"/>
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First

Last

Do you have a preferred name?

Email

Birth Date

mm/dd/yy

Street Address

Apt

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City

State

Zip Code

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Is your Street Address the same as your Mailing Address?

☐ YES ☐ NO

Phone (Primary)

Is this a CELL phone?

Phone (Secondary)

☐ YES ☐ NO

Gender*

☐ Male ☐ Female ☐ Transgender ☐ Non-Binary ☐ Prefer Not To Say

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Domestic Partner

Photo ID (check one)

☐ Driver's License ☐ State ID ☐ Passport ☐ Native Tribal Card

Proof of Residency

☐ Gas Bill ☐ Electric Bill ☐ Telephone Bill
☐ Property Tax Statement ☐ Other (Bill w/Home Address) ☐ Homeless (No Proof Required)

Race | Ethnicity

☐ African American ☐ Asian American ☐ White/Caucasian
☐ Hispanic ☐ Latino ☐ Mexican
☐ Native American ☐ Alaskan ☐ Other

Primary Language (Spoken)

- | | | |
|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Chinese/Cantonese/Mandarin |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> French |

Primary Language (Read)

- | | | |
|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Chinese/Cantonese/Mandarin |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> French |

Who do we contact in case of an EMERGENCY?**Phone (Emergency Contact)**

First	Last	

EMPLOYMENT INFORMATION**Are you currently employed?**

- ☐ YES ☐ NO

Have you been to the Emergency Room as a patient within the past 6 months?

- ☐ YES ☐ NO

Who referred you to CVVIM?

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Name of person or organization who referred you to us.

How did you get to CVVIM (check one)

- | | | |
|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> Bus | <input type="checkbox"/> Car | <input type="checkbox"/> Friend or Family Member |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Walk | <input type="checkbox"/> Other: |

HOUSEHOLD SIZE & INCOME VERIFICATION

Number of people in your (PATIENT's) Household and Annual Income Requirements (select one). **Your household income cannot exceed 200% of the current Federal Poverty Guidelines for your family size.**

- | | |
|--|---|
| <input type="checkbox"/> 1 \$31,300
<i>Annual Income Cannot Exceed This Amount</i> | <input type="checkbox"/> 6 \$86,300
<i>Annual Income Cannot Exceed This Amount</i> |
| <input type="checkbox"/> 2 \$42,300
<i>Annual Income Cannot Exceed This Amount</i> | <input type="checkbox"/> 7 \$97,300
<i>Annual Income Cannot Exceed This Amount</i> |
| <input type="checkbox"/> 3 \$53,300
<i>Annual Income Cannot Exceed This Amount</i> | <input type="checkbox"/> 8 \$108,300
<i>Annual Income Cannot Exceed This Amount</i> |
| <input type="checkbox"/> 4 \$64,300
<i>Annual Income Cannot Exceed This Amount</i> | <input type="checkbox"/> 9+ \$11,000
<i>Each additional family member.</i> |
| <input type="checkbox"/> 5 \$75,300
<i>Annual Income Cannot Exceed This Amount</i> | |
-

Proof of Income (check one)

- | | |
|--|--|
| <input type="checkbox"/> Paycheck(s)
Please bring ORIGINAL paycheck stubs.
We will make copies for our files. | <input type="checkbox"/> Other
Please bring other proof of income.
We will make copies for our files. |
| <input type="checkbox"/> Tax Return(s)
Please bring previous year's tax returns.
We will make copies for our files. | <input type="checkbox"/> Homeless
No proof of income is required. |
| <input type="checkbox"/> W2(s)
Please bring your W2's. We will make
copies for our files. | |
-

Are you currently employed?

- ☐ YES ☐ NO
-

ADDITIONAL INFORMATION

Education (check one)

- | | |
|--|---|
| <input type="checkbox"/> High School Diploma GED | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Grades K-6 | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> No School | <input type="checkbox"/> Other: |

Have you ever applied for Health Care with **Medi-Cal**?

☐ YES ☐ NO

Have you ever applied for Health Care with **Medically Indigent Services Program (MISP)**?

☐ YES ☐ NO

Have you ever applied for Health Care with **Covered California**?

☐ YES ☐ NO

Have you ever applied for Health Care with a **Private Insurance** company?

☐ YES ☐ NO

Does your employer offer health insurance?

☐ YES ☐ NO

Are you a United States Veteran?

☐ YES ☐ NO

VERIFICATION

Please review your form to be sure all questions have been answered.

Name of the person who completed this application:

First	Last

DO NOT COMPLETE THIS SECTION. CVVIM STAFF OR VOLUNTEER ONLY.

Name

Volunteer (First Name)	Volunteer (Last Name)