Community Reach of Montgomery County
Mansfield Kaseman Health Clinic
9420 Key West Avenue, Suite 400, Rockville, MD 20850

First Name _____ Last Name _____

Address_____

Home Phone Number _____ Cell Phone Number _____

Social Security Number: _____ Date of Birth: _____

Sex: M ___ F ___ Marital Status: Married _____ Single _____

EMERGENCY CONTACT _____

RELATIONSHIP TO PATIENT: _____ PHONE NUMBER: _____

HOUSING
Shelter_____
Homeless_____
Transition Program ___
House _____

CURRENT OCUPACION
Employed ____
Retired _____
Unemployed ___

ETNIC GROUP
Hispanic or Latino _____
Not Hispanic _____

RACE
American Indian ____
Alaska Native ____
Asian _____
African American _____
Native to Hawaii/Other Pacific Island _____
White _____
Other _____

RELIGION _____ LANGUAGE _____ COUNTRY OF ORIGEN _____

ENGLISH SPEAKING ABILITY
Proficient _____
Limited English _____
Cannot speak English _____

Employment Information:
Name and address of **EMPLOYER**: _____
EDUCATION level: _____
Number of adults and children (under 18) who depend on your income: _____
E-mail: _____
PHARMACY near your home (name and street) _____
Referred by: _____
SPECIAL NEEDS: Would you like to be referred for any of the following services?

Food _____ Clothes _____ Dentist _____ Vision _____

Montgomery Cares Program
Montgomery Cares Eligibility Documentation Form

To be enrolled in Montgomery Cares you must:

- Be a resident of Montgomery County; and
- Be 18 years old or older; and
- With no health insurance – including Medicaid, PAC, or Medicare
- Low or no income

PROOF OF RESIDENCY IN MONTGOMERY COUNTY:

- Mortgage or lease
- Property tax bill
- Utility bill with complete name and address (cell phone bills are not accepted).
- School records
- Driver's license with current address
- Maryland State ID card
- Signed Feral Tax Return/W2 (Current Year)
- Recent pay stubs with name and address
- Voter registration card
- Written statement on letterhead from home-visiting provider or homeless shelter
- Official County or State correspondence on letterhead
- Letter from landlord/third party host with host's proof of residency

Sign here to certify that you reside at the following address, but do not have any of the above documentation:

Name: _____

Address: _____

City: _____ Zip Code: _____

Signature: _____ Date: _____

PROOF OF AGE:

Sign here to certify that you have the following date of birth:

Date of birth: _____

Signature: _____ Date: _____

PROOF OF INCOME:

- Employment income: *Pay stubs, Federal Tax Return – most recent, signed, Letter from employer stating gross income per week or month*
- Disability or Unemployment income: *Disability statement/unemployment statement*
- Social Security Income: Social Security/SSI award letter
- Income from Alimony or Child Support: Court statements about alimony or child support
- Help from a friend or relative: Letter from relative or friend that states the amount of support provided to patient.
- No income:

Sign below to certify that you have the following income, but do not have any of the above documentation:

INCOME	AMOUNT	CIRCLE ONE
Employment income (for example: childcare, construction) _____		Weekly Every two weeks Twice a month Monthly
Other income (please list):		Weekly Every two weeks Twice a month Monthly
No income		Weekly Every two weeks Twice a month Monthly
TOTAL		Weekly Every two weeks Twice a month Monthly

Signature: _____ **Date**: _____

PROOF OF INSURANCE:

- Health insurance from work
- Medicaid (Maryland Medical Assistance)
- Medicare
- PAC (Primary Adult Care)
- Privately purchased insurance
- Other: _____

Sign here to certify that you do not have health insurance

Signature: _____ **Date:** _____