

People's Access To Health Care Coverage (PATH) Screen for Health Insurance

*Please complete this form to help us help you.
This information is kept private. It is only used for PATH.*

Name: _____

Address: _____
Street Address City State Zip Code

Phone number: (home) _____ (cell, work, or other) _____

***Eligibility for health insurance programs is based on household size and income.
The following information will help us determine if you are eligible.***

- | | |
|---|---|
| <p>1. Do you or anyone else in your family have health insurance? Yes No</p> <p>2. If a family member does have health insurance, are you covered by this health insurance? Yes No</p> <p>3. If yes, what kind is it?
_____</p> <p>4. If not, how long have you been without health insurance of any kind?
_____</p> <p>5. Who lives at home with you?
(relationship to head of household and age)</p> | <p>6. What is the household income?
(circle one and write amount)</p> <p>Weekly _____
 Biweekly _____
 Monthly _____
 Annually _____</p> <p>7. Who in your family works? _____
 Where do they work? _____</p> <p>8. Do you live with someone else who supports you? Yes No</p> <p>9. Do you receive unemployment, SSI, or SSD? Yes No</p> <p>10. Do you have any other source of income? Yes No</p> <p>11. Do you or anyone in your household have a chronic medical condition? Yes No</p> <p>12. Do you or anyone in your household have a medical problem that requires immediate attention? Yes No</p> |
|---|---|

	Relationship	Age	Pregnant?
Adults			
Children			