

San José Clinic - Eligibility Application



Date: _____ This application is for ... Which? a new card (first time)
 renewal of my card number: _____

Have you ever had a San José Clinic card? yes no

Have you ever brought one of your children to the clinic to be vaccinated or for any other reason? yes no

Name of applicant (adult) : _____

Marital Status: Single Married Common Law Divorced Widow(er) Separated

Address:

Street: _____ Apt #: _____ Telephone: _____

Other Telephone: _____

City: _____ State: _____ County: _____ Zip Code: _____

Language: _____ Race: _____

Members of your household, including yourself:

| | Name The first person on the list is you yourself. | Relationship spouse, child | Social Security Number | Sex F / M | Date of Birth month - day - year | Work? Yes / No |
|---|--|--------------------------------------|-------------------------------|---------------------|--|--------------------------|
| 1 | | MYSELF | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

Who recommended you to our clinic?

another agency family friend other _____

Please continue on the other side.

**Is any member of your family receiving any of the following?
Please indicate yes or no for each item.**

Yes No

Medical Insurance

Medicare

CHIP

SSI – Supplemental Security Income

Food Stamps

TANF

Pension Benefits

Child Support

Yes No

Dental Insurance

Medicaid

VA Medical

Gold Card - Harris County

Unemployment Benefits

Workmans Comp

Social Security income

Alimony

I certify that the information I have given is up-to-date and correct. I understand that any falsification, misrepresentation or withholding of information will result in the loss of eligibility to receive clinic services.

| | | |
|-----------------------|------------------|-------------|
| Name (printed) | Signature | Date |
|-----------------------|------------------|-------------|

SECTION BELOW FOR INTERVIEWER

Interviewer: _____ Card Issued: _____ If not, reason: _____

Expiration Date: _____ Sliding Scale Classification: _____

Notes: