



Victoria County Public Health Department

Charity Care Application

For Office Use:
 Intake Date: ____/____/____
 Case / Client ID: _____
 Charity Care Approved: Yes No

Applicants Information:		
First Name: _____	Last Name: _____	Date of Birth: ____/____/____
Address: _____ _____		Phone Number: _____
City / State: _____ Zip Code: _____		Email Address: _____
Social Security Number: _____/_____/_____	Emergency Contact Name: _____ Relationship: _____ Phone Number: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
Insurance and Benefits:		
Household Size: <i>(Including Client)</i> _____	Dependent Children: _____	Dependent Seniors: _____
Annual Household Income: \$ _____	Do you currently have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> Chip <input type="checkbox"/> Other _____	
Are you currently Homeless / Un-housed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you currently receive public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check all that apply) <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> SNAP food benefits <input type="checkbox"/> Unemployed <input type="checkbox"/> State-funded prescription programs <input type="checkbox"/> Low-income / subsidized housing <input type="checkbox"/> Subsidized school lunch program <input type="checkbox"/> Other _____		
HIPPA Notice of Privacy Practices:		
I acknowledge that I have been notified of the VCPHD's Notice of Privacy Practices, which explains how my health and personal information may be used and disclosed in accordance with the Health Insurance Portability and Accountability Act (HIPPA) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Client Certification and Signature:		
To comply with the requirement of funding sources, this agency needs all clients to give information on all income and family size to qualify for services. You may need to provide a self-certification that the information you provide is accurate and complete to the best of your knowledge. You may need to verify income documentation. All information is kept confidential for record keeping and reporting requirements. No information will be released without the written consent of the individual. "I certify that all information provided on this application is true to the best of my knowledge. I also understand that I may need to provide verification of Income"		
Applicant's or Guardians Signature: _____		Date: ____/____/____