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| --- |
| **Which of these issues would you like REAP to assist your client with:** **[ ]**  Needs Medical Services **[ ]**  Uninsured / Underinsured [ ]  Inpatient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[ ]**  Medicaid Inactive [ ]  Ambulatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[ ]**  Apply for Medicaid [ ]  Home Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[ ]**  Medicare: Needs Part A[ ]  Needs Prescription Drugs Needs Part B[ ]  Needs Help with Bills Needs Part D[ ]  Other Benefits/Entitlements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[ ]**  Managed Care Issues / Assistance  |
| **Demographics:** |   |   |
| Patient Name:  | DOB:  |  MRN:  |
| Phone #:  | Alternative Contact #:  |
| Home Address:  | Gender: **[ ]** Male **[ ]** Female **[ ]** Other |
| Preferred Language: | Social Security #:  |
| Insurance: [ ]  Medicaid / CIN#: [ ]  Medicare / #: [ ]  Commercial / Other:  |
| Immigration Status: **[ ]**  US Citizen [ ]  Legal Permanent Resident-“Green Card” [ ]  Undocumented [ ]  Asylee/Refugee [ ]  Temporary Visa Comments:  |
| **Household Composition:**  |
| Spouse / Legally Married: [ ]  YES [ ]  NO Children: [ ]  YES [ ]  NO; If Yes, #: Common Law Partner: [ ]  YES [ ]  NO Other Dependents: [ ]  YES [ ]  NO; If Yes, #:  |
| **Income:**  |
| Source of Income: **[ ]**  SSD [ ]  SSI [ ]  SSA Retirement [ ]  Pension [ ]  Employment [ ]  Workers Comp [ ]  Unemployment**[ ]** Other:  |
| Approximate Gross Income (Before Taxes): $ [ ]  Monthly [ ]  Annually |
| Approximate Resources (Over 65 /Disability ONLY): [ ]  Bank accounts [ ]  Retirement Accts [ ]  Investments [ ]  Property**[ ]** Other: $ $ $ $  |
| Housing: [ ]  Rent [ ]  Own [ ]  Undomiciled [ ]  Other: Monthly Housing Expenses: $  |
| Did Patient file taxes in the past year? [ ]  YES [ ]  NO Does Patient plan to file taxes in the next year? [ ]  YES [ ]  NO  |
| **Special Care Needs/Comments:**  |   |   |
|  |
|  |

**Documents Needed – Please advise your client that in order for REAP to best help them they should bring the following documents to their appointment. They may be asked for additional documents at the end of their appointment depending on their situation.**

**Basic Documentation List:**

**Proof of Birth such as a birth certificate, naturalization certificate, passport, Permanent Resident Card, Employment Authorization**

**Proof of Residence such as a current postmarked envelope, rent receipt, gas or electric bill, telephone bill**

**Proof of Income such as most recently filed tax return OR if you don’t file taxes, pay stubs (last 4 weeks worked), social security award letter, pension letter, unemployment insurance statement**

**Proof of Resources such as most current bank statement(s), current tax return, life insurance policy, retirement account statement**

**Proof of Health Insurance such as Medicaid, Child Health Plus, Essential Plan, Medicare, commercial health insurance**

Revised 5/30/2017