|  |  |  |  |
| --- | --- | --- | --- |
| **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: MaleFemaleOther | | |
| 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