

**PRE-SCREENING TOOL**

Name: _____ Date of Birth: ____/____/____

As you answer the following questions, please keep in mind that Grace Clinic operates as a Free Clinic and has limited resources. We are staffed mostly by volunteers and do not provide many of the services offered in a typical medical, dental or counseling office. Because of this, we do not treat the following conditions:

- Chronic Pain
- New or Ongoing Cancer Treatment
- Blood Clotting Disorders
- Routine Pap Smears
- Hormonal Disorders
- Other conditions as determined by our medical provider(s)

Additionally, we do not prescribe or dispense controlled substances or narcotics.

We also do not prescribe or dispense the following mental health medications: Ambien, Adderall, Lithium, Ritalin, Xanax, Valium or other medications similar to these.

If you have any of these conditions or use these medications, please stop here & notify the receptionist.

Please note: We have interpreters to assist those who prefer to communicate in Spanish. If you bring an interpreter with you, s/he must be over the age of 18 and able to speak English fluently.

1. Do you live in one of the following cities or towns?

Basin City	Finley	Mesa	Richland
Benton City	Highland	Pasco	West Pasco
Burbank	Kahlotus	Paterson	West Richland
Connell	Kennewick	Plymouth	Whitstran
Etopia	Kiona	Prosser	

If you are not a resident of one of these cities, you are not eligible for services.

2. (a) Do you have any type of medical, dental, vision or catastrophic care insurance?

Apple Health Plan	Indian Health Service	Medicare	Student Insurance
Private	Medicaid Coupon	Veterans Administration	

If you have any of the above, you are not eligible for services. (Exceptions may be made for those with an urgent dental need if you meet other eligibility requirements and are covered by Medicaid, Medicare, or VA insurance. If you have Medicare, you may also be eligible for counseling services.)

(b) When was the last time you had medical insurance? Year _____

(c) Are you currently in the process of getting medical insurance? Yes _____ No _____

If yes, what have you applied for and when?

Thank you for coming to Grace Clinic!



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3. Is your need for care the result of an accident from an “on the job injury, one covered under a Labor and Industries claim, or any other third party coverage such as automobile or homeowner’s insurance?” Yes _____ No _____

If you answered “yes,” you are not eligible for services.

4. What is your current total household income for one month or year from all sources? (Household income includes: pay for work, child support, alimony, food stamps, cash assistance, Labor & Industry, unemployment & all other sources of income, etc.)

Total Household Income _____ Circle one: Monthly Annually

Number of People Living in Your Home _____

This table shows the current figures for 200% of Federal Poverty Level (subject to change).

Family Size	Gross Monthly Income	Gross Yearly Income
1	\$2,082	\$24,980
2	\$2,818	\$33,820
3	\$3,555	\$42,660
4	\$4,292	\$51,500
5	\$5,028	\$60,340
6	\$5,765	\$69,180
7	\$6,502	\$78,020
8	\$7,238	\$86,860

If your gross income exceeds the amount shown, you are not eligible for services.

5. Have you received services in an emergency room in the past three years? Yes _____ No _____
If yes, when: Month _____ Year _____

Where: Lourdes Medical Center _____ Trios (Kennewick General Hospital) _____
Kadlec Regional Medical Center _____ Other (specify) _____

Reason for your ER visit: _____

6. Have you seen a medical provider (not the emergency room) within the past three years? Yes _____ No _____ Name of Provider _____

When? Month _____ Year _____

Name of the Medical Provider _____

Please return this completed form to the reception desk. **Please be prepared to provide: your current photo identification (WA State photo ID preferred), proof of income as listed above, and bottles or packages of all current medications.**

Thank you for coming to Grace Clinic!