

JEFFERSON COUNTY PROJECT ACCESS

PROGRAM APPLICATION

APPLICANT INFORMATION				
Last Name:		First Name:		MI:
Date of birth:		SSN:		
Current address:			Apt#:	
City:	State:	ZIP	COUNTY:	
Male _____ Female _____	Marital Status:		Home Phone: Cell Phone: e-mail:	
INCOME INFORMATION				
Current employer:				
Employer address:			How long at current job?	
Phone:	E-mail:		Fax:	
City:	State:		ZIP Code:	
Position:	Hourly	OR	Salary (<i>circle</i>)	Annual income:
Other Income Source:			Annual Amount:	
Other Income Source:			Annual Amount:	
EMERGENCY CONTACT				
In case of an emergency, contact:				
Address:			Phone:	
City:	State:		ZIP Code:	
Relationship:				
SPOUSE INFORMATION				
Last Name:		First Name:		MI:
Date of birth:		Phone:		
SPOUSE EMPLOYMENT INFORMATION				
Current employer:				
Employer address:			How long?	
Phone:	E-mail:		Fax:	
City:	State:		ZIP Code:	
Position:	Hourly Salary (Please circle)		Annual income:	
HOUSEHOLD INFORMATION				
List names, DOB, and relationship of any individuals currently living with you				
NAME	Date of Birth	Relationship		

REFERRAL SOURCE

Who referred you:

Phone Number:

FINANCIAL APPLICATION

Income/Personal Assets		Monthly Living Expenses	
Social Security	Cash on Hand	Mortgage	Other
SSI/Who receives	Savings Account	Rent	Other
V.A. Pension	Checking Account	Electric	Other
Unemployment	Investments	Gas	Other
Worker's Compensation	Life Insurance	Telephone	Other
Interest Income	Property	Water	Other
Divided Income	Financial Settlement	Food	Other
Child Support	Other	Car Gasoline	Other
Alimony		Car Payment	Other
Rent		Car Insurance	
WIC		Daycare	
Food Stamps		Child Support	
TOTAL	TOTAL	TOTAL	TOTAL

If you are not currently working, who supports you?

Relationship:

MEDICAL INFORMATION

List all known medical problems

List all current prescribed and over-the-counter medication

HISTORY OF HEALTHCARE

List physicians and hospitals that provided care to you over the last 5 years

Name of Physician/Hospital

City/State

Phone

Do you have health insurance? Name:	Does your employer (or spouse's employer) offer health insurance?	If yes, what is the monthly cost to you/your spouse?	<i>Note: Need letter from employer stating benefits and premium amounts.</i>
Insurance available through (name of Employer):	Have you applied for Disability/SSI? Date of application:	If approved, effective date: (need original letter with date of approval)	

OTHER DEMOGRAPHIC INFORMATION

Are you a veteran?	Are you eligible to go to the VA for healthcare?
Have you received healthcare in the past at Cooper-Green Hospital?	Do you currently receive healthcare at Cooper-Green Hospital?
Country of birth:	Country of Citizenship:
Preferred Language:	Other languages spoken:

STATEMENT OF UNDERSTANDING

I promise that everything I have stated in this application is true. Jefferson County Project Access (JCPA) is authorized to check my credit and employment history. If approved and admitted into JCPA program, I give JCPA permission to release the above information, both medical and financial, to drug companies, and physicians involved in my care. If approved and admitted, I agree to abide by the policies and procedures of the Access-to-Care Program. I understand that this is a program meant to assist individuals for a temporary period of time.

Applicant's Signature: _____ Date: _____

