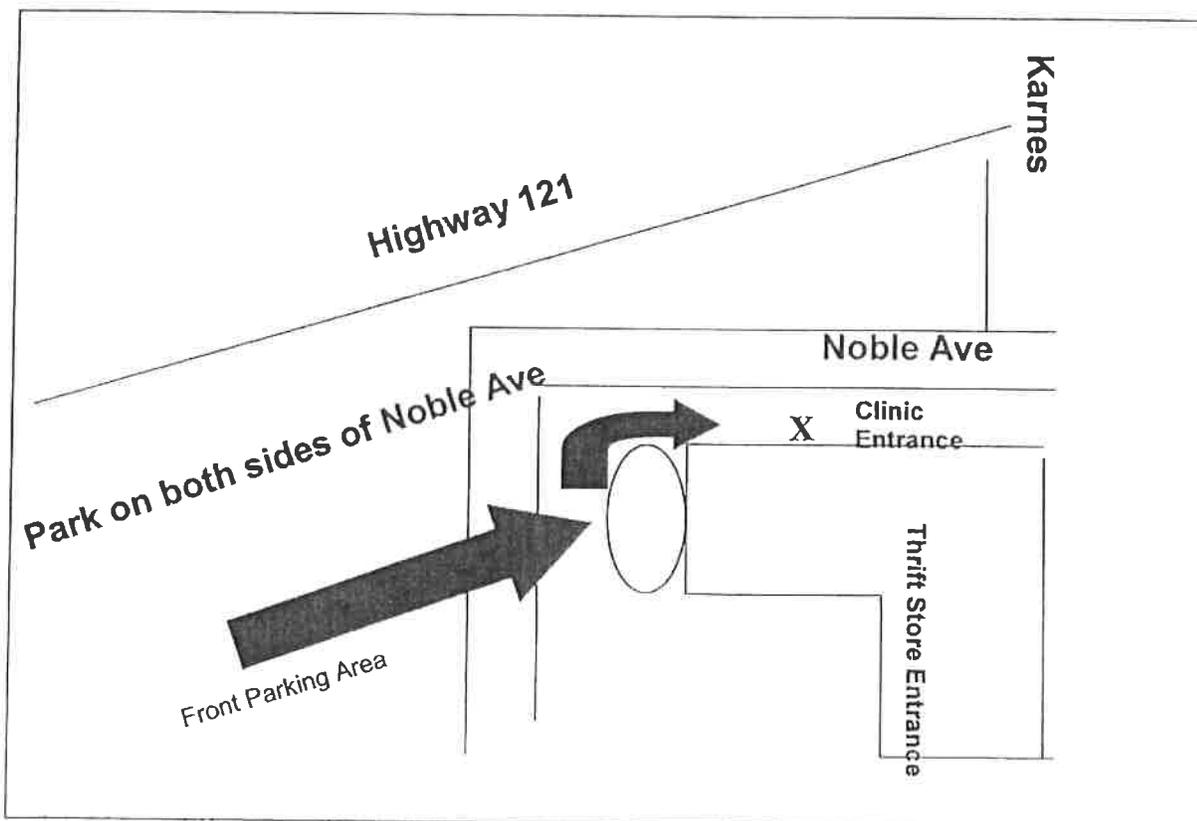You must **COMPLETE** all pages and provide as much information as possible. Once completed call for an appointment at **817-632-6020**

Todo la información debe estar **COMPLETA** y por favor de traer todos los documentos necesarios para poder proceder. Aun completo llame al **817-632-6020** para obtener una cita.

CORNERSTONE MEDICAL CLINIC
AFTER YOU HAVE COMPLETED ALL FORMS CALL
817-632-6020

**REQUIRED DOCUMENTATION TO APPLY FOR MEDICAL ASSISTANCE AT CORNERSTONE MEDICAL CLINIC
CONTACT: 817-632-6020**
PROOF OF ADDRESS:
☐ Utility bill with patient name and address.

☐ Rental or lease agreement with patient's name

☐ PHOTO I.D. **(Passport or Drivers** License)

☐ Proof of gross income (before payroll deductions) for everyone living in home 18 years and older.
This may be:
☐ Four recent pay stubs.

☐ Income tax return from most current year.

☐ Note from patient indicating a person in the household doesn't work and reason.

☐ If a person in the household works for cash must have a statement
from employer stating wages.

☐ Proof of child support

☐ Overtime pay,commissions,fees & tips

☐ Social security benefits

☐ Unemployment
☐ Workman's Compensation
☐ Welfare assistance(food stamps,also known as SNAP, medicaid or TANF)

☐ Government funded housing.

**DOCUMENTOS REQUERIDOS PARA SO-LICITAR ASISTENCIA MEDICA EN CORNERSTONE MEDICAL CLINIC
CONTACTOS: 817-632-6020**
COMPROBANTE DE RESIDENCIA:
☐ Un recibo de la luz con el nombre del so-licitante
☐ Contrato o recibo de la renta o propie-dad de donde vive (comprando o rentado)

☐ Comprobante de identificacion: **Pasa-porte o licencia de manejar**

☐ Comprobante de ingresos (antes de de-ducciones) de cada persona que vive en el hogar de 18 años de edad más.
Esto puede ser:
☐ 4 talones recientes de cheques por per-sona
☐ La última declaración de impuestos.

☐ Si alguna persona en el hogar no trabaja, esplique en una carta porque.

☐ Si a alguna persona que vive en el hogar le pagan en efectivo debe de traer una carta escrita por el patrón declarando cuanto le paga con fecha reciente y número de telé-fono.
☐ Sostenimiento infantil (Documento con la cantidad
☐ Propinas y pagos extras

☐ Cheque del Seguro Social (si aplica a us-ted)
☐ Pruebas de desempleo
☐ Compensación de trabajo
☐ Asistencia del gobierno(beneficios del pro-grama de comida o medicaid o TANF)

☐ Pago de vivienda por el gobierno

CORNERSTONE ASSISTANCE NETWORK INTAKE FORM

Client Information

Name (First, Middle, Last):	**Date:**

Current address:

City:	State:	ZIP Code:
Home Phone:	Work Phone:	Cell Phone:
Email:	Date of Birth:	Age:

Cornerstone does not discriminate on the basis of race, sex, gender, age, linguistic and language ability, marital status, disability and any other characteristics protected by law.

Demographic Information

Race/Ethnicity (Please check all that apply)**:**   **Citizenship:**

☐ American India/Alaskan Native	☐ Native Hawaiian/Pacific Islander	☐ US Citizen
☐ Black/African American	☐ White	☐ Eligible Non-Citizen
☐ Hispanic	☐ Other _____	☐ Non-Eligible Non-Citizen

Gender:	Veteran:	Disabled:	Bilingual:
☐ Male	☐ Yes	☐ Yes	☐ Yes
☐ Female	☐ No	☐ No	☐ No

Marital Status:		Education Level:	
☐ Single/Never Married	☐ Separated	☐ Less than High School	☐ High School/ GED
☐ Married	☐ Common Law	☐ Some college/Associate	☐ Bachelor's Degree
☐ Divorced	☐ Other _____	☐ Advanced Degree	☐ Other _____

Household Information

Employment Status:		Yearly Income:		Source(s) of Income:	
☐ Unemployment	☐ Self Employed	☐ < $10K	☐ $21K-$25K	☐ Employment	☐ SSI/SSDI
☐ Part Time	☐ Retired	☐ $11K-$15K	☐ >$26K+	☐ Child Support	☐ TANF
☐ Full Time	☐ Other_____	☐ $16K-$20K	☐ Other _____	☐ Pension/Veteran	☐ Other_____

Housing Status:		Transportation:	Number of Persons in Household:
☐ Own Home	☐ Transition Housing	☐ Bus ☐ Walking	Children (under 17): _____
☐ Rent	☐ Homeless	☐ Personal Vehicle	Adults: _____
☐ Staying With Someone	☐ Other _____	☐ Received Ride	

Please list ALL individuals currently living in your household

Name	Date of Birth	Age	Gender	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Programs

Please rank you current level of need (circle one):				
1 Don't need help	**2**	**3** Resources/referrals	**4**	**5** Any and all services

What mainstream benefits have you applied for or participated in (check all that apply)?				
☐ SSI/ SSDI	☐ JPS Connection	☐ Education Assistance	☐ TANF	☐ Medicaid
☐ Food Stamps/WIC	☐ Section 8 Housing	☐ Workers Comp.	☐ Texas Workforce	☐ ACA Marketplace

Income received from any source in past 30 days:		Non-cash benefits received in past 30 days:	
Source of income:	**Amount monthly:**	**Type of Benefits:**	**Amount monthly:**
Employment:		Food Stamps	
Unemployment		Medicaid	
Social Security		Medicare	
SSI/ SSDI		CHIP	
Veterans benefits		VA Medical services	
Worker's comp		Section 8, Public Housing	
Alimony / Child Support		Other:	
TANF		**Critical Documents Needed:**	
Other Sources:		☐ Valid Driver's License	☐ Valid ID
Monthly Expenses:		☐ Social security Card	☐ Birth Certificate
Type:	**Amount monthly:**	☐ Permanent Resident	☐ TDCJ/TCHC
Rent / Mortgage		**Are you seeking any of the following services?**	
Auto / Payment		Addiction Services:	☐ Yes
Gas			☐ No
Insurance		Adult Education Services:	☐ GED Classes
Utilities: Electric		☐ Computer Classes	☐ ESL Classes
Gas		Spiritual Resources:	☐ Bible
Water		☐ Church information	☐ Prayer
Phone		Lifestyle Mgmt	☐ Financial Budgeting
Food		☐ Immigration Svcs	☐ Coaching
Childcare		☐ Emotional Support	☐ Legal assistance
Alimony / Child Support		☐ Health	☐ Dental
Medical Insurance		☐ Eye	☐ Mental health
Prescriptions		Reentry services	☐ Job
Cable / Internet		☐ Housing	☐ Transportation
Other Expenses		☐ Interview skills	☐ Resume

Re-entry Information

☐ Felony Conviction	☐ Open/ Pending Case	☐ Unpaid tickets/ Warrants
☐ Misdemeanor Conviction	☐ Probation/ Parole	☐ Current civil cases

Client Signature:	**Referring Individual/Organization:**
Entered into Salesforce by:	**Date:**