Rusk County Health and Human Services 311 E. Miner Ave. Suite C220 Ladysmith, WI 54848 (ph) 715-532-2299 (fax) 715-532-2217	Client ID: MA Number: Eligibility dates: SFDS Level:

DEMOGRAPHICS FOR:	Preferred Name	Preferred Pronouns

Legal Name (Last, First, Middle Initial)

Date of Birth SSN Former/Maiden Name

Marital Status: ☐ Single ☐ Married ☐ Separated **Gender at Birth:** ☐ Female ☐ Male

Race: ☐ White ☐ Black ☐ Asian ☐ Native Am/Alaskan ☐ Hawaiian/Pacific Islander ☐ Other

Ethnicity: ☐Non-Hispanic ☐Hispanic **Language:** ☐English ☐Spanish ☐Other:

Physical Address City State Zip

Mailing Address City State Zip

Phone Number Email Address

Staff at this agency may use the following methods of contact. (Check all that apply):

☐ Voicemail ☐ Text ☐ Email ☐ Postal Mail

Emergency Contact Person: This **MUST** be someone to whom we may *identify ourselves*.

Name Relationship

Address Phone Number

Health Care Coverage Assessment

*Note: If you have **private** insurance coverage and are not the policy holder: You should know that private insurance companies send out a letter called an explanation of benefits or EOB to the insurance policy holder (your parents or guardians) about the health care services you receive at the clinic. If you are **18 years or older**, you may contact your insurance company to request that EOBs be sent to you instead of the policy holder to protect your privacy.*

Do you have any type of health care coverage or insurance? ☐ Yes ☐ No

If yes, check all that apply: ☐ Badger Care ☐ FPOS ☐ Private Insurance

If you have private insurance, may we submit claims to insurance? ☐ Yes ☐ No

Name of Insurance Policy Number

Policy Holder Policy Holder Date of Birth Relationship to Policy Holder

There are charges for the services provided for you. **Payment is kindly requested at the time of your visit.** If payment cannot be made in full, we ask that you make a plan for payment of any unpaid balance. You may be considered for discounts based on your income, regardless of insurance and citizenship status. Would you like to see if you qualify? ☐ Yes ☐ No

If yes, complete the Sliding Fee Schedule of Discounts Assessment on the next page.

If no, skip the Sliding Fee Schedule of Discounts Assessment and continue completing the form on the next page.

Sliding Fee Schedule of Discounts Assessment

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- If you are an **unemancipated minor** who wishes to receive **confidential** services, charges are based on only your income.
    - As applicable, complete "Client Income" section.
- If you are an **unemancipated minor** and your parents are aware that you are receiving services.
    - As applicable, complete "Client Income" section and "Family/Household Income".

**Family is defined as a 'social unit composed of more than one person living together, as a household'.*

		Hourly Wage		Hours/Week		Total	Yearly Wage Before Taxes
Client Income	Job #1		x		=	**OR**	
	Job #2		x		=	**OR**	
Family/ Household Income*	Job #1		x		=	**OR**	
	Job #2		x		=	**OR**	
	Job #3		x		=	**OR**	
Other Income			x		=		

Household Size	**Total Income**	**per** ☐ Month ☐ Year

To the best of my knowledge, the information provided on this form is complete and accurate.

Client Signature **Date**

STAFF USE ONLY:	Client requesting confidential services? ☐ Yes ☐ No	Staff Initials:
	FPL Discount Rate	Date: