Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNITY HELPING PLACE FREE CLINIC**

**75 Rock House Rd. Dahlonega GA 30533**

**(706)864-4455**

INTAKE FORMS FOR NEW PATIENTS

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The community helping place free clinic provides free medical and dental care to Lumpkin County residents without any form of insurance who meet federal poverty level guidelines. Please read the following to ensure you have everything you will need to process your application.

**THE FOLLOWING DOCUMENTATION IS REQUIRED TO QUALIFY LUMPKIN COUNTY RESIDENTS FOR CLINIC SERVICES:**

**PROOF OF RESIDENCY AND PHOTO ID**

1. A state issued photo ID or driver’s license
2. Proof of residency in Lumpkin County. i.e., a utility bill, bank statement, or food stamp statement with your current address.

**PROOF OF INCOME OR FINANCIAL ASSISTANCE FOR ENTIRE HOUSEHOLD**

1. If you have received income in the last six months you must provide the clinic with your last year's tax form (1040 or W2) or last two pay stubs.
2. Please bring all forms of income. That may include, Social Security, pension, unemployment benefits, child support and or alimony, and/or workman's comp benefits.
3. **NOTE**: if you have no income and someone other than a spouse is supporting you, we must have a notarized letter from that person stating that they are supporting you and their proof of address for Lumpkin County.
4. If you receive food stamps, we will need a copy of the DFCS verification statement.

**Do you have medical insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO**

**Do you have dental insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO**

Applications are taken on Mondays, Tuesdays, and Thursdays from 9:00 AM to 1:00 PM. Currently dental services are not available at the clinic; however, you can choose to be put on a wait list and referred to an outside clinic. We will contact you when this appointment is available. Please provide a working telephone number as this is the only way to reach you.

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**