



# ENROLLMENT APPLICATION

**INSTRUCTIONS:** Patient to complete application line by line, provide required documentation and mail to Anchorage Project Access.

## TELL US ABOUT YOURSELF

Do You Need a Primary Care Provider?  
What is your medical need?

Name \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Soc. Security # \_\_\_\_\_ Gender/Sex:  Female  Male

Physical Address \_\_\_\_\_  
Address City State Zip

Mailing Address \_\_\_\_\_  
Address City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Family Size: Number of people in your household? \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced  Separated  Single Parent Head of Household

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Education:  Less than High School  High School Graduate or GED  Some College  College Graduate

<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian & Pacific Islander	<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> American Indian or Alaskan Native & Black/African American	<input type="checkbox"/> American Indian or Alaskan Native & White

Is English your first language?  Yes  No If no, what language do you speak? \_\_\_\_\_

Housing:  Own  Rent  Homeless  Staying with Friends & Family Homeless  Other (be specific) \_\_\_\_\_

If Homeless, do you have a case manager? Name \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived in Anchorage? \_\_\_\_ Years \_\_\_\_ Months

## TELL US ABOUT YOUR HOUSEHOLD

LAST NAME	FIRST NAME	DATE OF BIRTH	RELATION TO APPLICANT	SOURCE OF INCOME	MONTHLY INCOME BEFORE TAXES
APPLICANT			SELF		

1805 Academy Drive, Suite 101 • Anchorage, AK 99507  
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 AnchorageProjectAccess.org

# ENROLLMENT APPLICATION, CONT'D

<p><b>YOUR NAME (PLEASE PRINT)</b></p>	<p><b>DEFINITION OF HOUSEHOLD:</b>                  All members of household who are related and pooling resources are counted as one family/household.</p> <p>Family members living in the same household on a temporary basis due to a hardship and are receiving room and board would be considered a separate household.</p> <p>Unrelated members of a household who are supporting one another financially are considered one household (e.g. living as married/cohabitation).</p> <p>Members of a household who are unrelated and do not share income are considered separate households.</p>
<p><b>ELIGIBILITY QUESTIONS</b></p>	<p><b>PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS TO YOUR APPLICATIONS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> State/Government issued photo ID</li> <li><input type="checkbox"/> Current Utility Statement</li> <li><input type="checkbox"/> Current Taxes (1040, 1040A or 1040EZ)</li> </ul> <p><b>IF YOU DO NOT HAVE CURRENT TAXES, YOU MAY SUBMIT FOR PROOF OF INCOME TWO OF THE FOLLOWING ITEMS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unemployment Statement</li> <li><input type="checkbox"/> Department of Labor printout</li> <li><input type="checkbox"/> Bank statement for the last three months (checking &amp; savings)</li> <li><input type="checkbox"/> Pay stubs for the last three months</li> <li><input type="checkbox"/> Brief letter explaining your circumstances with an Income Certification Form</li> <li><input type="checkbox"/> Letter from employer on company letterhead with name and contact number of person writing statement. Letter to include: start date, hours worked, wages earned, eligible for insurance and cost of premium, and signed by employer.</li> </ul> <p><b>DID YOU COMPLETE THE FOLLOWING?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Filled out the entire application line by line.</li> <li><input type="checkbox"/> Signed the application.</li> <li><input type="checkbox"/> Attached all the necessary documentation.</li> </ul>
<p>1. Do you currently have any type of health insurance, hospitalization insurance, catastrophic insurance, Native Health Services, Denali Kid Care, Tri Care, VA Benefits, Medicare, Medicaid or CAMA?  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, what type? _____</p> <p>2. Have you previously been enrolled in Anchorage Project Access?  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, provide date. _____</p> <p>3. Have you ever received health insurance including Medicaid benefits?  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, when and why was it terminated? _____</p> <p>4. Have you applied for Social Security Disability?  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, what is your application status? _____</p> <p>5. Is there a possibility you will receive Medicare, Medicaid or health insurance?  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>6. Do you currently receive assistance from any State Program?  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, which? _____</p> <p>7. Your employment status?  <input type="checkbox"/> Part Time (work 30 hrs or less)      <input type="checkbox"/> Full Time (work 30 hrs or more)  <input type="checkbox"/> Unemployed      <input type="checkbox"/> Self Employed (owner of business)                  Your employer? _____                  Your occupation? _____</p> <p>If you or your spouse are employed full-time, is health insurance available through your work? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Cost of monthly premium? _____</p> <p>If unemployed, last date of employment. _____                  Have you applied for unemployment and/or receiving weekly checks? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>8. Is this a work related injury?  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, have you applied for disability? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>9. Is there any legal action anticipated regarding this injury or illness?  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>10. Have you been seen by any health care provider in the last 12 months, including the Emergency room, community clinic, urgent care clinic or private doctors?  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, list?</p>	

I hereby authorize representatives of Anchorage Project Access to make any inquiries necessary to verify the information on this form. I hereby state that to the best of my knowledge, the information given above is true and complete. I understand that if any information is found to be incorrect, I may be charged by health providers for services I have received through Anchorage Project Access.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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