STUDENT LAST NAME _____
STUDENT FIRST NAME _____
SCHOOL _____
LEVEL ☐ **Elementary** ☐ **JH/MS** ☐ **High School** ☐ **College**

STUDENT INFORMATION

Address _____ Social Security Number _____
City _____ State ____ Zip _____ Township _____
Home Phone _____ Cell Phone _____ Sex ☐ M ☐ F Birth Date _ _ / _ _ / _ _ _ _ County _____
Email Address _____
Emergency Contact Name _____ Emergency Phone _____

DEMOGRAPHIC INFORMATION

FAMILY STATUS
- ☐ Minor Child/Student
- ☐ Single
- ☐ Single with Dependents
- ☐ Married
- ☐ Married with Dependents

Total Number in Family ☐

CITIZENSHIP
- ☐ US Citizen
- ☐ US Permanent Resident
- ☐ Dual Citizen _____
- ☐ Refugee
- ☐ Exchange Student
- ☐ Other _____

ANNUAL FAMILY INCOME
- ☐ $0 - $10,000
- ☐ $10,001 - $17,000
- ☐ $17,001 - $23,200
- ☐ $23,201 - $29,260
- ☐ $29,261 - $35,300
- ☐ $35,301 - $41,430
- ☐ $41,431 - $47,380
- ☐ $47,381 - $53,420
- ☐ $53,421 - $60,000
- ☐ $60,001 & above

HEALTH INSURANCE
- ☐ Uninsured
- ☐ Insured
- ☐ Insured (high ded/co-pay)
- ☐ Medicaid
- ☐ Medicare
- ☐ Healthy Indiana Plan (HIP)
- ☐ Healthy Start (OH)
- ☐ ACA Exchange
- ☐ Health Savings Account
- ☐ Healthcare Sharing Plan

ETHNICITY
- ☐ American Indian
- ☐ Asian
- ☐ Black / African American
- ☐ Hispanic / Latino
- ☐ Pacific Islander
- ☐ Caucasian / White
- ☐ Other _____

EMPLOYMENT STATUS
- ☐ Child / Student
- ☐ Unemployed
- ☐ Employed Part-Time
- ☐ Employed Full-Time
- ☐ Self Employed
- ☐ Seasonal / Migrant
- ☐ Retired
- ☐ Disabled

SPORTS (check all in which student is participating)
☐ Baseball ☐ Basketball ☐ Bowling ☐ Cheerleading
☐ Cross Country ☐ Field Hockey ☐ Football ☐ Golf
☐ Gymnastics ☐ Ice Hockey ☐ Lacrosse ☐ Rugby ☐ Soccer
☐ Softball ☐ Swimming & Diving ☐ Tennis ☐ Track & Field
☐ Unified Track & Field ☐ Volleyball ☐ Wrestling

NOTICE TO PATIENTS: FREE CLINIC FEDERAL TORT CLAIMS ACT (FTCA) PROGRAM

This is to notify you that under Federal law relating to the operation of free clinics, the Federal Tort Claims Act (FTCA), (See 28 U.S.C. §§ 1346(b), 2401(b), 2671-80) provides the exclusive remedy for damage from personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions by any free clinic volunteer health care practitioner, board member, officer, employee, or independent contractor who the Department of Health and Human Services has deemed to be an employee of the Public Health Service. This FTCA medical malpractice coverage applies to deemed free clinic volunteer health care practitioners, board members, officers, employees, or independent contractors who have provided a required or authorized service under Title XIX of the Social Security Act (i.e., Medicaid Program) at a free clinic site or through offsite programs or events carried out by the free clinic (See 42 U.S.C. § 233(a), (o)). The above Federal law and other State and Federal laws including the Federal Volunteer Protection Act of 1997 may cover certain free clinic health care professionals providing health care services to patients at this free clinic.

NOTICE TO PATIENTS: PRIVACY PRACTICES IN COMPLIANCE WITH HIPAA

Christian Community Health Care complies with all applicable HIPAA privacy rules regarding patient health information. A Notice of Privacy Practices for Protected Health Information is available to our patients upon request.

I verify that the patient information I have provided is correct. I acknowledge that I understand the Notices to Patients listed above, and that my health information may be disclosed to other healthcare providers or agencies in order to implement my treatment or plan of care. I authorize Christian Community Health Care to provide healthcare treatment for myself or my minor child/student, and will not hold them responsible for injury as a result of this treatment. I grant authorization to use my likeness in print, video, and digital media for nonprofit purposes. I understand that all services are provided free of charge, and that donations are accepted.

PATIENT/PARENT/GUARDIAN NAME _____ SIGNATURE _____ DATE _____