

# HARRIS HEALTH SYSTEM

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Effective Date: 04/01/2013

## ELIGIBILITY SERVICES DEPARTMENTAL GUIDELINES AND PROCEDURES

**TITLE:** ELIGIBILITY FOR FINANCIAL ASSISTANCE FOR HEALTH CARE FOR THE HOMELESS PROGRAM AND VICTIMS OF HUMAN TRAFFICKING

**PURPOSE:** To establish guidelines for processing financial assistance for the Harris Health System Health Care for the Homeless Program participants and Victims of Human Trafficking who seek medical services provided by the Harris Health System.

### GUIDELINES/PROCEDURES STATEMENT:

Harris Health System (Harris Health) Homeless Program participants or Victims of Human Trafficking who seek or are referred to medical services provided by or through the Harris Health System must enroll in Harris Health's Financial Assistance Program and provide information to appropriate Eligibility staff for application processing.

### ELABORATIONS:

#### I. DEFINITIONS:

A. **HARRIS HEALTH ELIGIBILITY PLAN Zero (0):** An assigned financial assistance classification for the Health Care for the Homeless Program participants with the family gross income fall at or below two hundred percent (200%) of the Federal Poverty Guidelines and Victims of Human Trafficking. Health Care for the Homeless Program participants and Victims of Human Trafficking are classified as indigent. There will be no co-pays or deductibles for the care provided. Services provided in Harris Health facilities will be adjusted to the appropriate programs.

B. **HARRIS HEALTH SYSTEM HEALTH CARE FOR THE HOMELESS PROGRAM (HOMELESS PROGRAM):**

A Harris Health program that provides outreach services through Harris Health's Community Health Program. Participants are provided dental care and a variety of preventive and primary healthcare services through ten (10) shelter-based clinics and through mobile health and mobile dental units. The Program also provides on-site case management, service eligibility determination, and registration for services. The Program also provides on-site

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mental health and substance abuse counseling through referrals and case management.

- C. **HOMELESS INDIVIDUAL:** A homeless individual is defined in section 330(h) (4) (A) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. A recognition of the instability of an individual's living arrangements is critical to the definition of homelessness.
- D. **HUMAN TRAFFICKING:**
1. Sex trafficking in which a commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such act has not attained eighteen (18) years of age; or
  2. The recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.
- E. **OUTREACH:** Outreach is defined as an effort to approach and engage homeless persons with the objective of developing a relationship of trust. For homeless programs, outreach takes on a special importance because of the alienation and estrangement of homeless individuals, and should be performed where homeless people are found, such as shelters, the streets, parks, camps, libraries, bus stations, and public buildings. These relationships can enable the outreachworker to offer alternatives to the homeless individual's current living situation;

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inform the individual of the availability of health care, substance abuse, mental health, social service and other related services; and assist him/her in accessing needed services and provide ongoing emotional support and follow-up.

### II. GENERAL GUIDELINES:

- A. Homeless Program participants or Victims of Human Trafficking applying for Harris Health System financial assistance are required to submit a completed application to an authorized Eligibility staff member.
- B. All Homeless Program applicants for financial assistance shall undergo a financial screening to determine a client's level of financial assistance.
  - 1. The Homeless Program enrollees with a family gross income that falls at or below two hundred percent (200%) of the Federal Poverty Guidelines will be registered as Plan 0. For reporting purposes, Plan 0 categories A-D can be identified through Business Intelligence (BI) reports.
    - a. Plan 0- Category A-D:
      - i. Harris Health Eligibility Plan 0- Category A: income falls at 0%- 100%.
      - ii. Harris Health Eligibility Plan 0- Category B: income falls at 100.01%- 133%.
      - iii. Harris Health Eligibility Plan 0- Category C: income falls at 133.01%- 166%.
      - iv. Harris Health Eligibility Plan 0- Category D: income falls at 166.01%- 200%.
    - b. If the Homeless program enrollees have any third party insurance coverage, the services rendered will be billed to the respective insurance plan. Any unpaid co-pay or deductible will be written off as below:
      - i. Services provided to enrolled Plan 0-Category A-D participants seen in homeless shelters or any Harris Health locations do not have a copayment.

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- ii. Service provided at homeless shelters will be adjusted to the Health Care for Homeless Program (HCHP) Grant. Services provided in Harris Health facilities will be adjusted to charity.
  2. The Homeless Program enrollees with a family gross income that exceeds two hundred percent (200%) of the Federal Poverty Guidelines will be registered with an appropriate Harris Health Plans and are expect to pay deposits at the time of service.
    - a. If the Homeless program enrollees have any third party insurance coverage, the services rendered will be billed to the respective insurance plan, the remaining accounts balance will be billed according to the Harris Health plans.
    - b. Service provided at homeless shelters and/or at Harris Health facilities will be billed according to the Harris Health plans.
- C. For Victims of Human Trafficking:
  1. Any charges for a sexual assault or forensic examination will be billed to the applicable law enforcement agency.
  2. Some of the charges for medical services provided to Victims of Human Trafficking may be paid by Texas Crime Victims Compensation Fund.
  3. There will be no co-pays or deductibles for follow-up visits and/or the care provided.

### III. ELIGIBILITY REQUIREMENTS:

- A. Homeless Program participants or Victims of Human Trafficking must meet the guidelines of their appropriate programs and must be residents of Harris County.
- B. Homeless Program participants or Victims of Human Trafficking must provide an Agency Letter within sixty (60) days from the date of the Agency Letter, indicating the homeless status or a victim of human trafficking status. The Agency Letter must have an original signature and must be fully completed, signed and dated by authorized case management.

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- C. Homeless Program participants applying for financial assistance are required to provide proof of identity for themselves and for any family members also applying for assistance. The acceptable proofs are included on the form 283421 page 1, "Financial Assistance Application Instruction."

### IV. PROCEDURES:

- A. Homeless Program participants or Victims of Human Trafficking who apply for financial assistance must complete, sign, date, and submit Form, "Application for Financial Assistance – Healthcare for the Homeless and Victims of Human Trafficking." All applications shall be date-stamped on the date received.
- B. The applications and copies of verifications will be scanned into the eligibility software system.
- C. The Eligibility staff will assess the Homeless Program participants and the Victims of Human Trafficking for Medicare, Medicaid, Supplemental Security Income (SSI), Refugee Medicaid, Title V or other assistance program eligibility, and refer to appropriate government program, if applicable.
- D. Homeless Program participants' applications and interviews are completed face to-face at designated shelter and day shelter locations. The applications and verification documentations will be reviewed by HCHP Eligibility staff.
- E. Victims of Human Trafficking' applications will be centralized and completed at a designated eligibility center. The designated eligibility staff shall complete the referral process within twenty four (24) hours of the application receipt date. Victims of Human Trafficking will be eligible for financial assistance for six (6) months from the first day of the month on which the application is received.
- F. Applicable Harris Health forms will be provided to Homeless Program participants or Victims of Human Trafficking in accordance with Harris Health System Eligibility Services Departmental Guidelines and Procedures 1.04, "Communication to Patient Regarding Financial Assistance Determination."

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### V. SCANNING OF CREDIT CARDS AND/OR BANK STATEMENTS:

To protect the client's privacy, before scanning the copies of credit cards and/or bank statements into the Eligibility software system, Eligibility staff shall mark out all digits except for the last four digits of the credit card or bank account numbers on all copied statements.

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### REFERENCES/BIBLIOGRAPHY:

HRSA website <http://bphc.brsa.gov/policiesregulations/policies/pal199912.pdf>

U.S. Department of Homeland Security website <http://www.dhs.gov/human-trafficking-indicators>

Harris Health System Policy and Procedures 5.02 Harris County Hospital District Financial Assistance Program

Harris Health Eligibility Services Departmental Guidelines and Procedures 1.04 Communication to Patient Regarding Financial Assistance Determination

### ATTACHMENTS:

Attachment A: Homeless Shelter List

Attachment B: Sliding Scale Fees Schedule for Homeless Healthcare Program

Attachment C Harris Health Form 283421, Application for Financial Assistance –Healthcare for the Homeless and Victims of Human Trafficking.

### OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Eligibility Services Department

### REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
04/01/13	1.0	Approved 04/01/13	Adm Dir. Eligibility Svcs Department
	2.0	Revised/Approved 03/01/14	Adm Dir. Eligibility Svcs Department
	3.0	Revised/Approved 04/24/15	Adm Dir. Eligibility Svcs Department

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## ELIGIBILITY SERVICES DEPARTMENTAL GUIDELINES AND PROCEDURES

### ATTACHMENT A

### HEALTH CARE FOR THE HOMELESS PROGRAM SERVICES CAN BE ACCESSED THROUGH THE FOLLOWING SHELTERS:



#### Health Care for the Homeless Program

SHELTER LOCATIONS	SERVICES	SHELTER LOCATIONS	SERVICES
<b>Harmony House Respite Center</b> 602 Girard St. Houston, Texas 77007 713-223-8104 MONDAY - FRIDAY (6:45am-3:15pm)	* Open Access • Medical • Eligibility • Podiatry • Dental	<b>Star of Hope Women &amp; Families Emergency Shelter</b> 419 Dowling St. Houston, Texas 77003 713-222-2220 MONDAY - THURSDAY (7:30am-4:00pm)	• Medical • Eligibility
<b>Jackson Hinds Gardens</b> 607 Thornton Rd. Houston, Texas 77018 713-634-1050 TUESDAY (8:00am-4:30pm)	* Open Access • Medical • Eligibility • Dental	<b>Star of Hope Women &amp; Families Transitional Living Center</b> 6801 Ardmore St. Houston, Texas 77054 713-440-5350 WEDNESDAY & FRIDAY (7:30am-4:00pm)	• Medical • Eligibility
<b>Lord of the Streets</b> 3401 Fannin St. Houston, Texas 77004 713-526-0311 TUESDAY, THURSDAY, FRIDAY (7:30am-4:00pm)	* Open Access • Medical • Eligibility • Podiatry • Psychiatry • Dental	<b>Compass</b> 1212 Prairie St. Houston, Texas 77002 713-229-8319 MONDAY - FRIDAY (8:30am-12:00pm)	* Open Access • Eligibility
<b>Open Door Mission</b> 5803 Harrisburg Blvd. Houston, Texas 77011 713-921-7520 MONDAY - FRIDAY (7:30am-4:00pm)	* Open Access • Medical • Eligibility • Dental	<b>Crossroads</b> 7843 Park Place Blvd. Houston, Texas 77087 713-252-3604 TUESDAY (8:30am-12:00pm)	* Open Access • Eligibility
<b>Salvation Army Adult Rehabilitation Center</b> 2118 Washington Ave. Houston, Texas 77007 713-869-3551 MONDAY - FRIDAY (6:00am-2:30pm)	• Medical • Eligibility • Dental	<b>Harmony House Discover</b> 2737 Houston Avenue Houston, TX 77009 713-868-4773 WEDNESDAY (1:00pm-4:30pm)	* Open Access • Eligibility
<b>Salvation Army Family Residence</b> 1603 McGowen St. Houston, Texas 77004 713-650-6530 WEDNESDAY (8:00am-4:30pm)	• Medical • Eligibility • Dental	<b>SEARCH</b> 2505 Fannin St. Houston, Texas 77002 713-739-7752 MONDAY & WEDNESDAY (8:30am-12:00pm) TUESDAY & THURSDAY (8:30am-2:30pm) FRIDAY (7:30am-12:00pm)	* Open Access • Eligibility
<b>Salvation Army Sally's House</b> 1717 Congress St. Houston, Texas 77002 713-223-8889 MONDAY - THURSDAY (6:00am-2:30pm)	• Medical • Eligibility • Psychiatry • Dental	<b>Mobile Dental Outreach</b> 713-634-1050	• Dental
<b>Star of Hope Mission Men's Development Center</b> 1811 Ruiz St. Houston, Texas 77002 713-227-8900 MONDAY, TUESDAY, THURSDAY, FRIDAY (7:30am-4:00pm)	• Medical • Eligibility • Psychiatry • Dental	<b>Mobile Medical Outreach</b> 713-634-1050	• Medical
		* Open Access: Services are open to all homeless people, regardless of their shelter status on a 'first come, first serve' basis.	
		<b>ALL SITES ARE CLOSED: 2nd TUESDAY OF THE MONTH FROM 11:00am - 4:00pm</b>	



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### ATTACHMENT B SLIDING SCALE FEE SCHEDULE HEALTH CARE FOR THE HOMELESS PROGRAM

Health Care for the Homeless Program  
 Effective April 24, 2015

#### HARRIS HEALTH SYSTEM - HEALTH CARE FOR THE HOMELESS PROGRAM FAP PLAN 0

Family Size	HCHP Assistance Category A			HCHP Assistance Category B			HCHP Assistance Category C			HCHP Assistance Category D			Harris Health Assistance Plans					
	Min income	Max income	FPL	Min Income	Max Income	FPL	Min Income	Max Income	FPL	Min Income	Max Income	FPL	Min Income	FPL				
1	0	\$ 981	0%	100.00%	\$ 981.01	\$ 1,305	100.01%	133.00%	\$ 1,305.01	\$ 1,628	133.01%	166.00%	\$ 1,628.01	\$ 1,962	166.01%	200.00%	\$ 1,962.01	200.01% and >
2	0	\$ 1,328	0%	100.00%	\$ 1,328.01	\$ 1,766	100.01%	133.00%	\$ 1,766.01	\$ 2,204	133.01%	166.00%	\$ 2,204.01	\$ 2,655	166.01%	200.00%	\$ 2,655.01	200.01% and >
3	0	\$ 1,675	0%	100.00%	\$ 1,675.01	\$ 2,227	100.01%	133.00%	\$ 2,227.01	\$ 2,779	133.01%	166.00%	\$ 2,779.01	\$ 3,349	166.01%	200.00%	\$ 3,349.01	200.01% and >
4	0	\$ 2,021	0%	100.00%	\$ 2,021.01	\$ 2,688	100.01%	133.00%	\$ 2,688.01	\$ 3,355	133.01%	166.00%	\$ 3,355.01	\$ 4,042	166.01%	200.00%	\$ 4,042.01	200.01% and >
5	0	\$ 2,368	0%	100.00%	\$ 2,368.01	\$ 3,149	100.01%	133.00%	\$ 3,149.01	\$ 3,930	133.01%	166.00%	\$ 3,930.01	\$ 4,735	166.01%	200.00%	\$ 4,735.01	200.01% and >
6	0	\$ 2,715	0%	100.00%	\$ 2,715.01	\$ 3,610	100.01%	133.00%	\$ 3,610.01	\$ 4,506	133.01%	166.00%	\$ 4,506.01	\$ 5,429	166.01%	200.00%	\$ 5,429.01	200.01% and >
7	0	\$ 3,061	0%	100.00%	\$ 3,061.01	\$ 4,071	100.01%	133.00%	\$ 4,071.01	\$ 5,081	133.01%	166.00%	\$ 5,081.01	\$ 6,122	166.01%	200.00%	\$ 6,122.01	200.01% and >
8	0	\$ 3,408	0%	100.00%	\$ 3,408.01	\$ 4,532	100.01%	133.00%	\$ 4,532.01	\$ 5,657	133.01%	166.00%	\$ 5,657.01	\$ 6,815	166.01%	200.00%	\$ 6,815.01	200.01% and >
9	0	\$ 3,755	0%	100.00%	\$ 3,755.01	\$ 4,993	100.01%	133.00%	\$ 4,993.01	\$ 6,232	133.01%	166.00%	\$ 6,232.01	\$ 7,509	166.01%	200.00%	\$ 7,509.01	200.01% and >
10	0	\$ 4,101	0%	100.00%	\$ 4,101.01	\$ 5,454	100.01%	133.00%	\$ 5,454.01	\$ 6,807	133.01%	166.00%	\$ 6,807.01	\$ 8,202	166.01%	200.00%	\$ 8,202.01	200.01% and >
11	0	\$ 4,448	0%	100.00%	\$ 4,448.01	\$ 5,915	100.01%	133.00%	\$ 5,915.01	\$ 7,383	133.01%	166.00%	\$ 7,383.01	\$ 8,895	166.01%	200.00%	\$ 8,895.01	200.01% and >
12	0	\$ 4,795	0%	100.00%	\$ 4,795.01	\$ 6,376	100.01%	133.00%	\$ 6,376.01	\$ 7,958	133.01%	166.00%	\$ 7,958.01	\$ 9,589	166.01%	200.00%	\$ 9,589.01	200.01% and >
13	0	\$ 5,141	0%	100.00%	\$ 5,141.01	\$ 6,837	100.01%	133.00%	\$ 6,837.01	\$ 8,534	133.01%	166.00%	\$ 8,534.01	\$ 10,282	166.01%	200.00%	\$ 10,282.01	200.01% and >
14	0	\$ 5,488	0%	100.00%	\$ 5,488.01	\$ 7,298	100.01%	133.00%	\$ 7,298.01	\$ 9,109	133.01%	166.00%	\$ 9,109.01	\$ 10,975	166.01%	200.00%	\$ 10,975.01	200.01% and >
15	0	\$ 5,835	0%	100.00%	\$ 5,835.01	\$ 7,759	100.01%	133.00%	\$ 7,759.01	\$ 9,685	133.01%	166.00%	\$ 9,685.01	\$ 11,669	166.01%	200.00%	\$ 11,669.01	200.01% and >

Poverty level based on 2015 Federal Poverty Guidelines issued 01/22/2015.

Income figures represent gross monthly income.

This sliding scale applies only to patients of the Health Care for the Homeless Program.

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### ATTACHMENT C

#### HARRIS HEALTH FORM 283421, APPLICATION FOR FINANCIAL ASSISTANCE -HEALTHCARE FOR THE HOMELESS AND VICTIMS OF HUMAN TRAFFICKING



#### FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS HEALTHCARE FOR THE HOMELESS and VICTIMS OF HUMAN TRAFFICKING

There is no cost to make a Harris Health System Financial Assistance Application. If you are asked to pay, please call 713-566-6277. Interviews are done face-to-face.

Please provide proof of the following papers:

This information, papers, and signatures are required for Harris Health Financial Assistance and Drug Replacement Programs, but may not be required of other programs you may be eligible for, like Expanded Primary Health Care Program (EPHC) and other Department of State Health Services programs.

Identification (ID) (self and spouse)

State issued driver's license, state issued ID card, current student ID with picture, current employee job badge with picture, passport with picture, U.S. Immigration documents with picture, foreign consulate ID card with picture, or complete agency letter (for Victims of Human Trafficking). If picture ID is not available, two of the following proofs may be used: birth certificate (not for married women), marriage license, social security card, other federal documents showing identity and residency in Harris County, hospital or birth records, adoption papers or records, voter's registration card, current wage stubs, Medicare card or Medicaid card.

Address (Required)

An authorization letter from a shelter or agency dated within the last 60 days indicating the individual is a homeless or victim of human trafficking. This authorization letter must have an original signature on it by those who have established signature authority with the Healthcare for Homeless Program or Victims of Human Trafficking Program.

Income

Current check stubs, child support documents, current IRS 1040/1040A tax return (all pages) if self-employed, Harris Health System-Statement of Self Employment Income Form if no tax return is filed, Harris Health System-Wage Verification Form (for cash and personal check wages only), Social Security award letter, Retirement award letter, Veteran Affairs letter or check, unemployment benefit records or Harris Health System-Statement of Support Form if no income.

Dependent Proof for Direct Family members

Birth certificate, baptismal record, proof of full time school enrollment for students aged 18 to 26, Social Security award letter with dependent's names, school documents or insurance documents showing names of both parent and child, U.S. Immigration applications with dependents' names, divorce decree or child support documents, baby's Popras form, birth fact record or hospital armband for infants less than 90 days old or death certificate for previous household members.

Immigration Status (for each direct family member)

You must bring current or expired documents from the U.S. Citizenship and Immigration Services.

Health Care Coverage (for each direct family member)

Please bring current proof of Medicaid, CHIP, CHIP Perinatal, Medicare, or health insurance.

Resources for Medicare patients

You must provide a Medicare Asset Form and proof of your current resources and liabilities (all pages of bank statements, credit card bills, loans, etc.).

\*You must apply for CHIP, CHIP Perinatal, Medicaid, TANF (Temporary Assistance for Needy Families), or SSI (Supplemental Security Income) benefits if you qualify.

Harris Health's Financial Assistance Program is not an insurance plan. Harris Health does not provide health insurance coverage under the Federal Health Insurance Marketplace Exchange. 283421(03/14) Page 1

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### APPLICATION FOR FINANCIAL ASSISTANCE

### HEALTHCARE FOR THE HOMELESS and VICTIMS OF HUMAN TRAFFICKING

This is an Official Government Record. False or incomplete information given on this form may result in criminal action being taken under Sections 31.04, 37.04, 37.10, or other portions of the Texas Penal Code.

**There is no cost to make a Harris Health System Financial Assistance Application. If you are asked to pay, please call 713-566-6277.**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_ Patient Identifier #: \_\_\_\_\_  
 Marital Status:  Single  Married  Separated  Divorced  Widowed  Common Law

Have you ever been to Ben Taub, LBJ or Quentin Mease Hospitals?  Yes  No If yes, when?

Have you ever been to any of the Harris Health Clinics? If yes, which one?

**Direct Family Members:**

Last Name	First Name	Relationship	Date of Birth	Social Security #	Race	Sex	Employed	Legal Status	
		SELF				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Undocumented	<input type="checkbox"/> Work Permit <input type="checkbox"/> Sponsored <input type="checkbox"/> Visa
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Undocumented	<input type="checkbox"/> Work Permit <input type="checkbox"/> Sponsored <input type="checkbox"/> Visa
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Undocumented	<input type="checkbox"/> Work Permit <input type="checkbox"/> Sponsored <input type="checkbox"/> Visa
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Undocumented	<input type="checkbox"/> Work Permit <input type="checkbox"/> Sponsored <input type="checkbox"/> Visa

Are you a veteran?  Yes  No

How long have you been homeless? \_\_\_\_\_ (  ongoing or  on/off)

**Direct Family Income:** (include all income in the family)

Wages, Rental Property, Child Support, Alimony, Unemployment Benefits, SSI, RSDI, SSD, Cash Contributions, Workmen's Compensation, Self-Employment (current 1040/1040A Income tax), TANF, VA Benefits, Pension, Retirement, Adoption Subsidy, Government Assistance.

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Name of person working or getting money	Source of Income/Company Name	How Often? (weekly, bi-weekly, twice a month, monthly)	Amount

Is anyone pregnant?  Yes  No If yes, who? \_\_\_\_\_ Expected Delivery Date: \_\_\_\_\_  
 Does anyone have health insurance?  Yes  No If yes, who? \_\_\_\_\_ Member #: \_\_\_\_\_  
 Name of Insurance Company: \_\_\_\_\_ When? \_\_\_\_\_  
 Have you or a member of your household applied for SSI?  Yes  No If yes, who? \_\_\_\_\_  
 Is anyone unemployed?  Yes  No If yes, who? \_\_\_\_\_ Last day worked: \_\_\_\_\_

You must report any changes of name, address, marital status, legal status, income, household members, and health care coverage immediately. Failure to report these changes may result in losing your assistance from Harris Health System and/or being responsible for repayment of the costs incurred by Harris Health System in providing your medical care. Harris Health System reserves the right to pursue additional verifications.

I certify under penalty of law that the information I have given to Harris Health System is true and complete to the best of my knowledge. My signature authorizes the release of information to Harris Health System vendors, contractors, state and federal agencies, or patient assistance programs to review records for auditing purposes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Harris Health's Financial Assistance Program is not an insurance plan. Harris Health does not provide health insurance coverage under the Federal Health Insurance Marketplace Exchange. 283421(03/14) Page 2