



MCFC Patient Application and Information Update Sheet

- New Application
 Renewal
 Patient Information Update
(only fill in info that needs to be updated)

Madison County Free Clinic, Inc.
"Neighbors giving neighbors a hand."

Today's Date: _____

Name (First, Middle, Last): _____

Date of Birth: _____ Age: _____ Phone Number: _____

Address: _____

Email Address: _____ Cell # for texting: _____

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

General Information (circle the best answer):

Gender: Male/Female/Other _____ Marital Status: Single/Married/Divorced/Widowed

Ethnicity: Non-Hispanic/Hispanic-Mexican/Puerto Rican/Cuban/Other _____

Race: Caucasian/African American/Asian/Native American/Other _____

Health Insurance: Uninsured/Medicaid/Medicare-needs vision/dental/prescription/Other _____

Employment: Full-Time/Part-Time/Unemployed/Self-Employed/Other _____

Financial Questions: (Fill in the blank)

Household size: _____ Names and Ages: _____

Patient's Monthly Income: _____ Spouse's Income: _____

What comprises your income? (circle all that apply):

Employment/Social Security/Disability/Unemployment/Other _____

What comprises your spouse's income? (circle all that apply):

Employment/Social Security/Disability/Unemployment/Other _____

Did you file taxes this year? Yes/No

Do you have UVA Financial assistance? Yes/No

Eligibility Requirements: Live in Madison County, meet 300% or less of the income guidelines (see chart) and be uninsured or underinsured. Please provide proof of income in the form of, last 2 consecutive pay stubs, current taxes, letter from social security or disability with the amount of monthly income, or bank statement. If you are unemployed and have no income please provide a letter of support from the person supporting you. We will also need proof of residency, in the form of a bill with your physical address on it.

Persons in household	138.00%	150.00%	200.00%	300.00%
1	\$1,563.00	\$1,699.00	\$2,265.00	\$3,398.00
2	\$2,106.00	\$2,289.00	\$3,052.00	\$4,578.00
3	\$2,648.00	\$2,879.00	\$3,838.00	\$5,758.00
4	\$3,191.00	\$3,469.00	\$4,625.00	\$6,938.00
5	\$3,734.00	\$4,059.00	\$5,412.00	\$8,118.00
6	\$4,277.00	\$4,649.00	\$6,198.00	\$9,298.00
7	\$4,820.00	\$5,239.00	\$6,985.00	\$10,478.00
8	\$5,362.00	\$5,829.00	\$7,772.00	\$11,658.00

Add \$393.33 for each person in household over 8 persons