



# NOTCH

Northern Tier Center for Health  
Federally Qualified Health Center

(New Patients)

*Please fill in the insurance name for the following.  
If the person who holds the insurance policy is not  
the patient or guarantor please complete their info*

## Patient Information

-Name: \_\_\_\_\_

-Address: \_\_\_\_\_  
\_\_\_\_\_

-Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

-Work: \_\_\_\_\_ Ext: \_\_\_\_\_

-Email: \_\_\_\_\_

-Birthday: \_\_\_\_\_ Sex: Female / Male

-Sex Assigned at Birth: Female / Male

-Sexual Orientation: Straight / Lesbian or Gay/  
Bisexual / Something Else / Don't Know / Decline

-Gender Identity: Male / Female / Transgender  
Male (female to male) / Transgender Female (male  
to female) / Other / Decline

-Race: Asian / Black / Native Hawaiian / White /  
American Indian / Pacific Islander / Other

-Are you Hispanic-Latino? Y / N

-Preferred Language: English / French / Spanish /  
Other: \_\_\_\_\_

-Communication Mode: Spoken / Written / Sign

### -Pharmacy

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Mail Order: \_\_\_\_\_

-Social Security: \_\_\_\_\_

*The following household information is stripped  
of any identity and used to justify our federal  
funding.*

-Marital Status: Annulled / Divorced / Domestic  
Partner / Legally Separated / Married / Never  
Married / Widowed

-Employment Status: Full Time / Part Time /  
Retired / Student / Not Employed / Self Employed

### Primary Medical Same as: [ ] Guarantor [ ] Patient

Ins. Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ home / work / \_\_\_\_\_

SS #: \_\_\_\_\_ DOB: \_\_\_\_\_

### Dental Insurance Same as: [ ] Guarantor [ ] Patient

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ home / work / \_\_\_\_\_

SS #: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Ins. Company: \_\_\_\_\_

**Guarantor Information** (only complete this section if  
someone other than the patient is responsible for copay etc.  
Example: children require a guarantor)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ home / work / \_\_\_\_\_

SS #: \_\_\_\_\_ DOB: \_\_\_\_\_

### -Population Characteristics (X next to all that apply)

\_\_\_ I am a migrant dairy worker

\_\_\_ I am a seasonal migrant worker (non dairy)

\_\_\_ I currently rent or own my home [or live with  
Parent(s) or Guardian(s)]

\_\_\_ I currently live in a shelter

\_\_\_ I currently live in transitional housing

\_\_\_ I rely on relatives / friends for housing

\_\_\_ I currently live on the street

\_\_\_ My housing is provided by my employer

\_\_\_ I live in a hotel or camper

\_\_\_ I am a Veteran

**See "Household" section on next page**



The following household information is stripped of any identity and used to justify our federal funding. You are not required to answer any of these questions however income can be used to help determine if you qualify for our Sliding Fee Program.

Family Size

**Circle Household Income Range based on Family Size**

<b>1</b>	\$0	to	\$12,060		\$12,061	to	\$18,090		\$18,091	to	\$24,120		\$24,121	& over
<b>2</b>	\$0	to	\$16,240		\$16,241	to	\$24,360		\$24,361	to	\$32,480		\$32,481	& over
<b>3</b>	\$0	to	\$20,420		\$20,421	to	\$30,630		\$30,631	to	\$40,840		\$40,841	& over
<b>4</b>	\$0	to	\$24,600		\$24,601	to	\$36,900		\$36,901	to	\$49,200		\$49,201	& over
<b>5</b>	\$0	to	\$28,780		\$28,781	to	\$43,170		\$43,171	to	\$57,560		\$57,561	& over
<b>6</b>	\$0	to	\$32,960		\$32,961	to	\$49,440		\$49,441	to	\$65,920		\$65,921	& over
<b>7</b>	\$0	to	\$37,140		\$37,141	to	\$55,710		\$55,711	to	\$74,280		\$74,281	& over
<b>8</b>	\$0	to	\$41,320		\$41,321	to	\$61,980		\$61,981	to	\$82,640		\$82,641	& over
<b>9+</b>	Family Size#				Income#									

