

**Patient Eligibility Application**

**Answer each question and return this application in the envelope provided within 14 days, along with all copies of documents required. Incomplete or untrue applications may be cause for denial.**

If you need assistance, please contact us at 812-333-4001

Office Use: New or Recert

**Copies of the following documents are required with application:**

**1. A complete copy of your last Federal Income Tax papers, including:**

- a. Form 1040, pages 1&2 or Form 1040EZ
- b. All W-2's and/or 1099's
- c. Schedules if filed

**If you cannot locate a copy of your Federal Tax return, you may obtain a transcript thru the IRS @ 1-800-829-1040**

**2. Payroll check stubs or verification of income for everyone in the household.**

- a. If unemployed and not receiving any income, you may request a copy of form KWE356S from the WorkOne/unemployment office.

**3. Your most recent checking, savings, stocks, bonds, IRA/CD, cash value of Life Insurance statements that includes current balance and/or cash value.**

**Patient Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Daytime phone #** \_\_\_\_\_ **County of Residence** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Were you born in the USA?** Yes No, what country were you born in? \_\_\_\_\_

**US Citizen?** Yes / No **SSN / ITN #** (circle one) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Marital Status** S M D Sep **Gender** M / F

**Ethnicity:** African American American Indian Asian Caucasian Hispanic Other

**Patient Employer Name &Phone#** \_\_\_\_\_

**How long employed** \_\_\_\_\_ **Annual Salary** \_\_\_\_\_ **Student? Y N** **Where?** \_\_\_\_\_

**What is your education level?** \_\_\_ Less than high school degree \_\_\_ High school degree \_\_\_ Some college (associate degree, nursing etc.) \_\_\_ College degree (bachelor's degree) \_\_\_ Professional and/or Graduate degree (LLB, MA, PhD etc.)

**Current Student?** Yes No **Where?** \_\_\_\_\_

**How did you hear about VIM?** \_\_\_ Through a family member \_\_\_ Through a friend \_\_\_ At Emergency Room  
Other: \_\_\_\_\_

**Other Household Members (Do not include Self)**

NAME	SS#	Date of Birth	Relationship To Patient	Employer Name

Are you purchasing or renting your home? \_\_\_\_\_

Do you own property other than where you reside? \_\_\_\_ If yes, do you receive income? Monthly Amt? \_\_\_\_\_

Do you or does anyone from your household receive any income from other sources? \_\_\_\_\_ (ie: Child Support, Social

Security, AFDC, Unemployment, Food Stamps) If yes, please include the source and monthly income: \_\_\_\_\_

	<u>Name of Bank/Institution</u>	<u>Account Balance</u>
Checking Account	_____	\$ _____
Savings Account	_____	\$ _____
Cash Value of Life Insurance	_____	\$ _____
Stocks	_____	\$ _____
Bonds	_____	\$ _____
403b/401k	_____	\$ _____
CD's	_____	\$ _____
IRA's	_____	\$ _____

**Monthly Expenses:** Mortgage/Rent \$ \_\_\_\_\_ Auto Payments \$ \_\_\_\_\_  
 Health Insurance \$ \_\_\_\_\_ Auto Insurance \$ \_\_\_\_\_  
 Child Care/Support \$ \_\_\_\_\_

**I hereby apply for financial assistance. I certify that the information and all statements contained in this application are correct and complete. I understand that the required information must be provided in a timely manner. I understand that if the information is not provided as requested, I will not be eligible as a patient at Volunteers In Medicine (VIM) of Monroe County. I authorize VIM to verify any information contained herein, including obtaining a credit bureau report. I understand that if services from Bloomington Hospital (BH) are deemed medically necessary by VIM, I hereby apply for financial assistance with BH. I understand that untrue or incomplete information is cause for denial.**

\_\_\_\_\_  
**Patient seeking eligibility** **Date**

For Office Use Only

Date Sent \_\_\_\_\_ By \_\_\_\_\_ Account # \_\_\_\_\_  
 Received Date \_\_\_\_\_ By \_\_\_\_\_ Approved/Denied \_\_\_\_\_

## **Volunteers in Medicine Social and Health Assessment of Patients (SHAP)**

Every client of the VIM is being asked to fill out this questionnaire/form as a way to get information on your general background, your health history, and your social network or individuals that are important in your life. This information is crucial as it helps the VIM better understand and meet your needs as well as those of the larger community. **Your answers to these questions will be kept confidential.**

If you have any questions or concerns please feel free to contact Jo Hargesheimer at 812.333.4039 or [jhargesheimer@vimmonroecounty.org](mailto:jhargesheimer@vimmonroecounty.org).

**THANK YOU!**

CHART ID: \_\_\_\_\_

NAME: \_\_\_\_\_

# Volunteers in Medicine Social and Health Assessment of Patients (SHAP)

Date: \_\_\_/\_\_\_/\_\_\_ (Month/day/year)

Time: \_\_\_:\_\_\_

FOR OFFICE USE: CHART ID

## SECTION A: BACKGROUND INFORMATION

The purpose of the following questions is to help researchers understand the general background and history of VIM patients.

### 1. Sex:

1. Male
2. Female

2. How old are you? (PLEASE WRITE IN): \_\_\_\_\_ years

### 3. What is your racial or ethnic identification? (Mark only one)

1. American Indian or other Native American
2. Asian, Asian American, or Pacific Islander
3. Black or African American
4. White (non-Hispanic)
5. Mexican or Mexican American or other Hispanic or Latino
6. Multiracial
7. Other

### 4. Were you born in the USA?

1. Yes
2. No, PLEASE SKIP TO QUESTION 7

### 5. Were you born in Indiana?

1. Yes
2. No

5A If "NO," what state were you born in? \_\_\_\_\_

5B If "NO," How long have you lived in Indiana? \_\_\_\_\_ years

### 6. Were you born in Monroe or Owen County?

1. Yes
2. No, how many years have you lived in Monroe or Owen County? \_\_\_\_\_ years

### 7. Are you a citizen of the United States of America?

1. Yes
2. No
- 3.

**8. What is your current marital status?**

1. Married
2. Living with a partner
3. Divorced
4. Separated
5. Widowed
6. Never married

**9. How many children do you have under 18 years-old currently living with you? (Including non-biological children)**

**Number of children (PLEASE WRITE IN):** \_\_\_\_\_

**10. What is the highest level of education that YOU completed?**

1. Less than high school degree
2. High school degree
3. Some college (associate degree, nursing etc.)
4. College degree (bachelor's degree)
5. Professional and/or Graduate degree (LLB, MA, PhD etc.)

**11. What is the highest level of education that your PARENT(S) completed?**

<b>Father</b>	<b>Mother</b>
1. Less than high school degree	1. Less than high school degree
2. High school degree	2. High school degree
3. Some college (associate degree, e.g. nursing)	3. Some college (associate degree, e.g. nursing)
4. College degree (bachelor's degree)	4. College degree (bachelor's degree)
5. Professional and/or graduate degree (LLB, MA, PhD)	5. Professional and/or graduate degree (LLB, MA, PhD)

**12. Are you currently working for pay?**

1. Yes
2. No

**13. In the last five years, were you employed:**

1. Always
2. Most of the time
3. Some of the time
4. Never

**14. Are you currently a student?**

1. Yes, at which school? \_\_\_\_\_
2. No

**15. In a typical week, about how many hours do you work in total?**

Number of hours (PLEASE WRITE IN): \_\_\_\_\_

**16. How much hard physical work is required on your main job?**

1. A Great deal
2. A Moderate Amount
3. A little
4. None

**17. What was your total family income from all sources last year before taxes?**

(Mark only one option)

1. Under \$ 10,000
2. \$ 10,000 to 19,999
3. \$ 20,000 to 29,999
4. \$ 30,000 to 39,999
5. \$ 40,000 or over

**18. Do you or anyone else in your household receive income from other sources? (For example: Child Support, Social Security, AFDC, Unemployment, Food Stamps):**

1. Yes
2. No

**19. Do you or your family own your home/apartment or do you pay rent?**

1. Own or Buying
2. Paying Rent

**20. What is your main mode of transportation?**

(Mark only one option)

1. Vehicle that I own
2. Vehicle that I borrow [from a family member, friend, neighbor]
3. Bus
4. Bike
5. Walk
6. Other [such as a motorcycle]

**21. What is your religious preference?**

- |              |                       |
|--------------|-----------------------|
| 1. Buddhism  | 7. Native American    |
| 2. Catholic  | 8. Non-Denominational |
| 3. Christian | 9. Orthodox-Christian |
| 4. Hinduism  | 10. Protestant        |
| 5. Islam     | 11. Other _____       |
| 6. Jewish    | 12. None              |

**22. In the past month, about how many hours, if any, have you spent doing religious services activities outside your home (such as attending religious services, prayer groups, Bible studies, fellowship meetings, church leadership meetings, etc.)?**

Number of hours estimate (PLEASE WRITE IN): \_\_\_\_\_

**SECTION B: SOCIAL NETWORKS**

The purpose of the following set of questions is for us to get a better sense of where you go for support, whom you rely upon for assistance and advice when needed, and how you became aware of the VIM clinic.

**1. Here are some groups / clubs and different social service agencies in Monroe and Owen Counties.**

	<b>For each one, please check the box if you have sought <i>help</i> from any of these organizations in the <u>past year</u>.</b>	<b>For each one, please check the box if you have <i>volunteered</i> with any of these groups / clubs in the <u>past year</u>.</b>
American Legion	<input type="checkbox"/>	<input type="checkbox"/>
Amythest House	<input type="checkbox"/>	<input type="checkbox"/>
Backstreet Mission	<input type="checkbox"/>	<input type="checkbox"/>
Banneker Center	<input type="checkbox"/>	<input type="checkbox"/>
Big Brothers, Big Sisters	<input type="checkbox"/>	<input type="checkbox"/>
Boys and Girls Club	<input type="checkbox"/>	<input type="checkbox"/>
Cunot Food Pantry	<input type="checkbox"/>	<input type="checkbox"/>
Girls, Inc.	<input type="checkbox"/>	<input type="checkbox"/>
Head Start	<input type="checkbox"/>	<input type="checkbox"/>
Hoosier Hills Food Bank	<input type="checkbox"/>	<input type="checkbox"/>
Lighthouse Tabernacle (Food Pantry)	<input type="checkbox"/>	<input type="checkbox"/>
Martha's House	<input type="checkbox"/>	<input type="checkbox"/>
Middleway House/ The Rise	<input type="checkbox"/>	<input type="checkbox"/>
Monroe County United Ministries	<input type="checkbox"/>	<input type="checkbox"/>
Mother Hubbard's Cupboard	<input type="checkbox"/>	<input type="checkbox"/>
My Sister's Closet	<input type="checkbox"/>	<input type="checkbox"/>
New Beginnings	<input type="checkbox"/>	<input type="checkbox"/>
Park and Recreation Services	<input type="checkbox"/>	<input type="checkbox"/>
Public library	<input type="checkbox"/>	<input type="checkbox"/>
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>
Shalom Community Center	<input type="checkbox"/>	<input type="checkbox"/>
South Central Community Action Program	<input type="checkbox"/>	<input type="checkbox"/>
Spencer Presbyterian Food Pantry	<input type="checkbox"/>	<input type="checkbox"/>
Stepping Stones	<input type="checkbox"/>	<input type="checkbox"/>
YMCA	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (please write name):	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (please write name):	<input type="checkbox"/>	<input type="checkbox"/>

**2. How many people are in your circle of close family and friends?**

**Number of people** (Please WRITE IN): \_\_\_\_\_

**3. Out of this number of people in your circle of close family and friends:**

How many people are members of your family (spouse, children, parents, siblings)?	0 (no one)	1	2-5	6-10	11 or more
How many people are from different racial / ethnic group than yours?	0 (no one)	1	2-5	6-10	11 or more
How many people are from different religions than yours?	0 (no one)	1	2-5	6-10	11 or more
How many people are from a higher income level than yours?	0 (no one)	1	2-5	6-10	11 or more
How many people are from a lower income level than yours?	0 (no one)	1	2-5	6-10	11 or more

**4. Who do you turn to first for help when sick?** Suppose you had the 'flu' and had to stay in bed for a few days and needed help around the house, with shopping and so on. (Please circle up to three)

- |  |  |
|--|--|
| <input type="checkbox"/> Husband, Wife, Partner          | <input type="checkbox"/> Close Friend                        |
| <input type="checkbox"/> Mother                          | <input type="checkbox"/> Neighbor                            |
| <input type="checkbox"/> Father                          | <input type="checkbox"/> Someone You Work With               |
| <input type="checkbox"/> Daughter and/or Daughter-In-Law | <input type="checkbox"/> Someone at a Social Services Agency |
| <input type="checkbox"/> Son and/or Son-In-Law           | <input type="checkbox"/> Someone from My Religious Community |
| <input type="checkbox"/> Sister                          | <input type="checkbox"/> Someone You Pay for Help            |
| <input type="checkbox"/> Brother                         | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Other Blood Relative            | <input type="checkbox"/> No One                              |
| <input type="checkbox"/> Other In-Law Relative           |  |

**5. How did you hear about the VIM Bloomington Clinic?**

1. Through a family member
2. Through a friend
3. At the Bloomington Hospital Emergency Room
4. CHAPS (Community Health Access Program)
5. Newspaper, TV, Radio or other Media
6. Other: \_\_\_\_\_

**6. How many of the people you know are unable to afford health care due to income and/or uninsured and need the VIM's clinic services?**

**Number of people** (Please WRITE IN): \_\_\_\_\_

**7. Out of the number of people above, how many of them are using the VIM's clinic services?**

1. All of them
2. Most of them
3. Some of them
4. Only a few of them
5. None

**8. The following statements are about people you know who need the VIM’s clinic services but don’t use these services. Please read each statement and select the answer which corresponds to the way you feel about the statement.**

People feel comfortable talking about health problems with a professional	Strongly Agree	Agree	Disagree	Strongly Disagree
People are embarrassed if their friends know they are getting professional help for health problems	Strongly Agree	Agree	Disagree	Strongly Disagree
People are embarrassed if their friends know they are using the VIM services	Strongly Agree	Agree	Disagree	Strongly Disagree

**SECTION C: HEALTH**

The purpose of the following questions is to obtain information about your health and to know more about what services VIM could provide in the future that might better meet your needs.

**1. In general, would you say your health is?**

1. Excellent
2. Good
3. Fair
4. Poor
5. Don't know

**2. Does your health now limit you in doing moderate activities, such as grocery shopping, climbing several flights of stairs, moving a table or bowling?**

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

**3. Below is a series of questions about health limitations you may have, please check YES / NO:**

Do you have difficulty learning, remembering or concentrating because of a physical, mental, or emotional condition lasting 3 months or longer?	Yes	No
Do you have difficulty participating fully in school, housework, or other daily activities because of a physical, mental, or emotional condition lasting 3 months or longer?	Yes	No
Do you have a hearing problem that prevents you from hearing what is said in normal conversation even with a hearing aid?	Yes	No
Do you have a vision problem that prevents you from reading a newspaper even when wearing glasses or contacts?	Yes	No
Do you have a dental/oral problem that prevents you from eating or otherwise using your mouth?	Yes	No
If you do have any of these limitations, have you sought treatment or a special program to deal with this problem?	Yes	No

**4. Before your visit to the clinic today, when was the last time you saw a health care provider?**

1. Few days ago
2. One week ago
3. Several weeks ago
4. One month ago
5. Several months ago
6. One year ago or more

**5. For what reason was your last visit to the health care provider?**

1. Emergency
2. Follow up visit
3. Other: \_\_\_\_\_

**6. Where did you seek treatment prior to the Volunteers in Medicine Clinic?**

PLEASE WRITE:

**7. What are the main health reasons or services that brought you here to the VIM clinic?**

(Please check up to 3)

<input type="checkbox"/> Medications
<input type="checkbox"/> Health education
<input type="checkbox"/> Behavioral / mental health & counseling
<input type="checkbox"/> Lab tests and blood work at the Bloomington hospital
<input type="checkbox"/> Women's health
<input type="checkbox"/> Spine clinic
<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Dental care
<input type="checkbox"/> Pediatric care
<input type="checkbox"/> General checkup
<input type="checkbox"/> Regular visit for monitoring an ongoing condition
<input type="checkbox"/> Treatment of a new problem
<input type="checkbox"/> Classes (for example: nutrition, smoking cessation; please fill in):
<input type="checkbox"/> Other (please write):

**8. About how long did you wait before seeking treatment for your current health condition(s)?**

1. Zero days
2. One to two days
3. Three to six days
4. One week
5. Several weeks
6. One month
7. Several months
8. One year or more

**9. What are the main reasons you may have waited to seek treatment for an acute or chronic illness?**  
 (Please check up to 3)

<input type="checkbox"/> I could not afford it (I have no insurance or my insurance didn't cover it)
<input type="checkbox"/> My doctor didn't accept Medicaid/insurance plan
<input type="checkbox"/> I thought my illness wasn't serious enough
<input type="checkbox"/> The wait in clinic/office was too long
<input type="checkbox"/> I had difficulty getting an appointment (clinic was not accessible, clinic hours not convenient)
<input type="checkbox"/> I don't like / trust / believe in doctors
<input type="checkbox"/> I didn't know where to go
<input type="checkbox"/> I had no way to get to the clinic
<input type="checkbox"/> Health of another family member interfered
<input type="checkbox"/> Other (please write):

**10. During the past month, about how many times did you visit an emergency room?**  
 Number of visits (PLEASE WRITE IN): \_\_\_\_\_

**11. During the past year, have you been a patient in a hospital for an overnight stay?**

1. Yes
2. No

**12. In the past year have you looked for information about a health concern or medical problem?**

1. Yes
2. No

**13. If YES, please tell me where you tried to find such health information from:**

Family (parents, partners, children or other relatives)	Not at all	1 or 2 times	3-5 times	6 or more times
Friends	Not at all	1 or 2 times	3-5 times	6 or more times
Neighbors	Not at all	1 or 2 times	3-5 times	6 or more times
Newspapers and/or magazines	Not at all	1 or 2 times	3-5 times	6 or more times
A doctor, nurse, or other medical professional	Not at all	1 or 2 times	3-5 times	6 or more times
Radio or television programs	Not at all	1 or 2 times	3-5 times	6 or more times
The Internet or World Wide Web	Not at all	1 or 2 times	3-5 times	6 or more times

**SECTION D: EVALUATION OF VIM SERVICES**

Please take a few minutes to complete the following information to help us improve our services.

**1. In this section you will find some statements about your experience at the VIM Clinic.**

**Please read each statement and select the number in the column which corresponds to the way you feel about the statement.**

I was able to schedule an appointment easily	Strongly Agree	Agree	Disagree	Strongly Disagree
My appointment was confirmed	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt unwelcome at the clinic	Strongly Agree	Agree	Disagree	Strongly Disagree
The interviewing nurse was friendly	Strongly Agree	Agree	Disagree	Strongly Disagree
The doctor/nurse practitioner did not take enough time to answer my questions	Strongly Agree	Agree	Disagree	Strongly Disagree
I was happy with my over-all care at the clinic	Strongly Agree	Agree	Disagree	Strongly Disagree
I had problems finding the clinic	Strongly Agree	Agree	Disagree	Strongly Disagree
I would refer family/friends to this clinic	Strongly Agree	Agree	Disagree	Strongly Disagree
My doctor offers me choices and asks my opinion	Strongly Agree	Agree	Disagree	Strongly Disagree
I prefer to leave decisions about my medical care up to my doctor	Strongly Agree	Agree	Disagree	Strongly Disagree
The services provided by the pharmacy were not satisfactory	Strongly Agree	Agree	Disagree	Strongly Disagree
I prefer to rely on my doctor's knowledge and not try to find out about my condition on my own	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel comfortable talking about health problems with a professional	Strongly Agree	Agree	Disagree	Strongly Disagree
I will be embarrassed if my friends know I'm getting professional help for health problems	Strongly Agree	Agree	Disagree	Strongly Disagree
I will be embarrassed if my friends know I'm using the VIM services	Strongly Agree	Agree	Disagree	Strongly Disagree

**2. Finally, we would like to know about your thoughts and opinions regarding your health and the services provided to you by Volunteers in Medicine (VIM) Clinic:**
