



**SCREENING:**  
**Likely Eligibility for Public Health Insurance and Financial Assistance Programs**

**RESPONSES PROVIDED BY ELIGIBILITY TECHNICIAN**

What is the eligibility technician's full name?

Hospital facility name?

Facility phone number?

What is today's date?

Earliest date of service applying to cover?

**RESPONSES PROVIDED BY PATIENT**

**Patient Contact Information**

Patient's Last Name

Patient's First Name

Patient's Middle Initial (OPTIONAL)

Patient's street address

Patient's city of residence

Patient's zip code

Patient's county

Patient's primary phone number

Patient's primary email address

Patient's preferred method of contact

Is the patient experiencing homelessness?

**Patient Demographic Information**

What is your birthday? [MM/DD/YYYY]

**Patient Residency**

Are you a resident of or currently living in Colorado?  
 You can say "yes," "no," or "I don't want to answer."

**Pregnancy and Children (Optional)**

Are you currently pregnant?  
 You can say "yes," "no," or "I don't want to answer."  
 People who are pregnant sometimes qualify for some additional programs.

Is anyone in your household under 19 years old?  
 You can say "yes," "no," or "I don't want to answer."  
 Children sometimes qualify for some programs that adults don't qualify for.

**Disabilities**

Do you have a disability?  
 You can say "yes," "no," or "I don't want to answer."  
 People with disabilities sometimes qualify for programs that people without disabilities don't qualify for.

Do you receive federal disability income?  
 You can say "yes," "no," or "I don't want to answer."  
 People who receive federal disability income can automatically qualify for Medicare.

**Patient Insurance Status and Benefits**

Do you have insurance?  
 You can say "yes," "no," or "I don't want to answer."  
*Health Sharing Ministries count as third party payers but not insurance.*

Have you ever been covered under Medicaid or CHP+?   
If so, what is your Member ID if you have or know it?   
Do you have an unexpired Colorado Indigent Care Program rating?

**Household Size and Household Income**

How many people live in your household, including yourself?   
Do you have any income? If so, about how much money do you receive each month?

Is anyone in your household pregnant right now?  
If so, how many babies are expected?  
(Add unborn children as household members below)  
Some programs take pregnancy into account when counting how many people are in your household. When there are more children in your household, you may be more likely to qualify for some programs.

**Household Member 2**

Name of Household Member 2 (OPTIONAL)   
What is the relationship to Household Member 2 to you?   
Does Household Member 2 have any income? If so, about how much money do they receive each month? If not, enter \$0.   
Is this household member included in patient/guardian's taxes?

**Household Member 3**

Name of Household Member 3 (OPTIONAL)   
What is the relationship to Household Member 3 to you?   
Does Household Member 3 have any income? If so, about how much money do they receive each month? If not, enter \$0.   
Is this household member included in patient/guardian's taxes?

**Household Member 4**

Name of Household Member 4 (OPTIONAL)   
What is the relationship to Household Member 4 to you?   
Does Household Member 4 have any income? If so, about how much money do they receive each month? If not, enter \$0.   
Is this household member included in patient/guardian's taxes?

**Household Member 5**

Name of Household Member 5 (OPTIONAL)   
What is the relationship to Household Member 5 to you?   
Does Household Member 5 have any income? If so, about how much money do they receive each month? If not, enter \$0.   
Is this household member included in patient/guardian's taxes?

**Household Member 6**

Name of Household Member 6 (OPTIONAL)   
What is the relationship to Household Member 6 to you?   
Does Household Member 6 have any income? If so, about how much money do they receive each month? If not, enter \$0.   
Is this household member included in patient/guardian's taxes?

**Household Member 7**

Name of Household Member 7 (OPTIONAL)   
What is the relationship to Household Member 7 to you?   
Does Household Member 7 have any income? If so, about how much money do they receive each month? If not, enter \$0.   
Is this household member included in patient/guardian's taxes?

**Household Member 8**

Name of Household Member 8 (OPTIONAL)   
What is the relationship to Household Member 8 to you?

Does Household Member 8 have any income? If so, about how much money do they receive each month? If not, enter \$0.	\$0.00
Is this household member included in patient/guardian's taxes?	

**Household Member 9**

Name of Household Member 9 (OPTIONAL)	
What is the relationship to Household Member 9 to you?	
Does Household Member 9 have any income? If so, about how much money do they receive each month? If not, enter \$0.	\$0.00
Is this household member included in patient/guardian's taxes?	

**Household Member 10**

Name of Household Member 10 (OPTIONAL)	
What is the relationship to Household Member 10 to you?	
Does Household Member 10 have any income? If so, about how much money do they receive each month? If not, enter \$0.	\$0.00
Is this household member included in patient/guardian's taxes?	

**Household Member 11**

Name of Household Member 11 (OPTIONAL)	
What is the relationship to Household Member to you?	
Does Household Member 11 have any income? If so, about how much money do they receive each month? If not, enter \$0.	\$0.00
Is this household member included in patient/guardian's taxes?	

**Household Member 12**

Name of Household Member 12 (OPTIONAL)	
What is the relationship to Household Member 12 to you?	
Does Household Member 12 have any income? If so, about how much money do they receive each month? If not, enter \$0.	\$0.00
Is this household member included in patient/guardian's taxes?	

**Household Member 13**

Name of Household Member 13 (OPTIONAL)	
What is the relationship to Household Member 13 to you?	
Does Household Member 13 have any income? If so, about how much money do they receive each month? If not, enter \$0.	\$0.00
Is this household member included in patient/guardian's taxes?	

**Household Member 14**

Name of Household Member 14 (OPTIONAL)	
What is the relationship to Household Member 14 to you?	
Does Household Member 14 have any income? If so, about how much money do they receive each month? If not, enter \$0.	\$0.00
Is this household member included in patient/guardian's taxes?	

