



Healthcare for the Homeless
Community Action Partnership



Date: _____

If you are homeless, where did you stay/sleep last night?

- Homeless shelter, Street, Transitional Housing, Car or other Vehicle, Other, Hotel/Motel, I am staying with another person/organization at this time.

Are you a patient at another clinic? _____ If yes, please stop and speak to the Front Desk Staff.

Last Name First Name Middle Name

Social Security Number: _____

Date of Birth: _____

Gender at Birth: [] Male [] Female

Street Address City State ZIP

Phone Number: _____

Email Address: _____

Office Use Only:

Reason for Visit: _____

Date/Time of Appointment: _____

[] Established or [] Inactivated on: _____

