



# Lynn Community Health Center

## REGISTRATION FORM

We are a federally funded health center, and we are required to collect this information every year. We keep all of your information **confidential** and your response will not affect the care you receive from Lynn Community Health Center.

PATIENT INFORMATION			
<b>Patient's Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	
<b>Birth Date:</b> / /	<b>E-mail address:</b>		
<b>Phone Number:</b>	<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Ethnic Group:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to say	<b>Race:</b> <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to say	<b>Nationality / Country of Birth:</b>
<b>Veteran Status:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	<b>Disability Status:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Marital Status:</b> <input type="checkbox"/> Divorced / widowed / separated <input type="checkbox"/> Single <input type="checkbox"/> Married	<i>If married, spouse employment status:</i> <input type="checkbox"/> Full-time / Part-time <input type="checkbox"/> Not employed <input type="checkbox"/> Retired
<b>Employment Status:</b> <input type="checkbox"/> Full-time / Part-time <input type="checkbox"/> Un-Employed <input type="checkbox"/> Retired	<b>Worker Status:</b> <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Neither	<b>Preferred language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Khmer <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> Other	
<b>Homeless Status:</b> <input type="checkbox"/> Not homeless <input type="checkbox"/> Transitional housing <input type="checkbox"/> Street	<input type="checkbox"/> Living with others <input type="checkbox"/> Homeless Unknown Shelter <input type="checkbox"/> Living in Shelter (please specify: _____)	<b>Public Housing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Family Size</b> (cannot be zero): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7+			
<b>Annual Household Income (please estimate as best as you can):</b> \$ _____			

Federally Qualified Health Centers are important safety net providers in many areas. FQHCs are outpatient clinics that qualify for specific reimbursement systems under Medicare and Medicaid. Community health centers provide primary, preventive and dental care, as well as mental health, substance use disorder and other community-based services to anyone in need regardless of their insurance status or ability to pay. We are required to collect this information to ensure that we receive funding for our work. However, this information is not used in any way to track you or your family, or to identify you to legal authorities.