PROJECT ACCESS NORTHWEST — Patient Enrollment Form / English

Return this completed form to your primary care clinic. If you need help, your primary care clinic can assist you. Project Access Northwest will contact you when we have received this completed form and are able to schedule your appointment.

Patient Information

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:	DATE OF BIRTH:

SEX: ❑ FEMALE ❑ MALE ❑ OTHER

PRONOUNS: ❑ SHE / HER ❑ HE / HIM ❑ THEY / THEM

BEST PHONE NUMBER TO REACH YOU (DAY):

OTHER PHONE NUMBER:

GENDER IDENTITY:
❑ FEMALE ❑ TRANSGENDER FEMALE / MALE TO FEMALE
❑ MALE ❑ TRANSGENDER MALE / FEMALE TO MALE
❑ OTHER / NON-BINARY
❑ PREFER NOT TO DISCLOSE

ETHNICITY:
❑ HISPANIC OR LATINO ❑ NON-HISPANIC OR LATINO ❑ DECLINE TO ANSWER

RACE:
❑ BLACK OR AFRICAN AMERICAN ❑ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ❑ OTHER
❑ AMERICAN INDIAN OR ALASKA NATIVE ❑ ASIAN ❑ WHITE ❑ DECLINE TO ANSWER

ADDRESS:

ARE YOU HOMELESS?
❑ YES ❑ NO

CITY:	STATE:	ZIP:	EMAIL ADDRESS:

DO YOU SPEAK CONVERSATIONAL ENGLISH?
❑ YES ❑ NO

DO YOU NEED AN INTERPRETER FOR YOUR APPOINTMENTS?
❑ YES ❑ NO IF "YES," WHAT LANGUAGE:

WHAT IS YOUR MONTHLY HOUSEHOLD INCOME?

HOW MANY PEOPLE IN YOUR HOUSEHOLD (whom you are responsible for by marriage, birth or adoption) are supported by monthly household income? Please include yourself. _____ **PEOPLE**

PLEASE LET US KNOW WHEN YOU ARE AVAILABLE FOR APPOINTMENTS. (Check AM or PM or both.)

CHECK ALL THAT APPLY.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM	❑ AM ❑ PM

ARE YOU AVAILABLE FOR A VIRTUAL APPOINTMENT? ❑ YES ❑ NO **IF YES:** ❑ TELEPHONE ❑ VIDEO CONFERENCE ❑ BOTH

IS THIS MEDICAL CARE YOU NEED THE RESULT OF AN ON-THE-JOB INJURY, MOTOR VEHICLE ACCIDENT OR ACTIONS OF ANOTHER PERSON? ❑ YES ❑ NO

IF YOU HAVE INSURANCE/ MEDICAID/APPLE HEALTH…
*Please complete section "**I**" below.*

OR

IF YOU HAVE NO INSURANCE COVERAGE…
*Please complete section "**II**" below.*

I. Current Insurance Information *(only for patients with insurance)*

Please indicate below which insurance(s) you have. Then, attach a copy of your insurance card or ID card for each.

A. AppleHealth/Provider One/Medicaid?	B. Medicare?	C. Commercial Insurance or other insurance?
❑ NO ❑ YES. **Please provide enrollment number:** #_____	❑ NO ❑ YES	❑ NO ❑ YES

II. Financial Information *(only for patients with no insurance)*

Please send a copy of your clinic's financial worksheet or other financial documentation.

COVID-19 Screening

ARE YOU CURRENTLY EXPERIENCING ANY COVID-19 SYMPTOMS (SHORTNESS OF BREATH, FEVER, COUGH)?					❑ YES ❑ NO
IN THE PAST 14 DAYS, HAVE YOU BEEN IN CLOSE PROXIMITY TO SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19?					❑ YES ❑ NO
HAVE YOU TESTED FOR COVID-19?	❑ YES ❑ NO	IF YES, TEST DATE:	/ /	TEST RESULT:	❑ POSITIVE ❑ NEGATIVE
IN THE PAST 14 DAYS HAVE YOU BEEN ON A COMMERCIAL FLIGHT OR TRAVELED OUTSIDE OF THE UNITED STATES?					❑ YES ❑ NO

Consent for Care information: By signing this form, I give permission to share my medical and/or dental information as necessary with Project Access Northwest and for Project Access Northwest to share health care information as necessary in the diagnosis and treatment of my health problems. I understand that my health information and information of any care and services including costs will be provided to Project Access Northwest. Project Access Northwest will use this information in, among other things, the aggregate and for recognition purposes.

SIGNATURE	DATE

REV01142022

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Unite Us Network Referral Information

Project Access Northwest is part of Unite Washington and the Connect2 Community Network. We partner with other health and social care agencies that use the Unite Us technology to better connect clients to the resources and services they need. In this network, the providers make the referral on your behalf so that you don't have to worry about reaching out to the organization. Rather, the organization will reach out to you. Before we make a referral, we will work with you to identify the network partners that are the best match for your needs and interests. If you have any questions, please call 206-788-4204 and ask to speak to Martha.

Client Information

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:	DATE OF BIRTH:

Please describe your situation and needs

PLEASE CHECK ALL THAT APPLY:

- ❑ BENEFITS NAVIGATION
- ❑ CLOTHING AND HOUSEHOLD GOODS
- ❑ FOOD ASSISTANCE
- ❑ EDUCATION
- ❑ HOUSING
- ❑ INCOME SUPPORT
- ❑ LEGAL ASSISTANCE
- ❑ MENTAL HEALTH
- ❑ SUBSTANCE ABUSE
- ❑ TRANSPORTATION
- ❑ OTHER (PLEASE EXPLAIN ABOVE)

❑ IS THIS NEED THE RESULT OF THE COVID-19 PANDEMIC?

Consent to Participate in the Unite Us Network

By consenting, you agree to share information with a Network of health and social service partners powered by Unite Us software. Your personal information may be shared securely on the Network in accordance with privacy laws to connect you with services.

This consent covers all information shared by you or by anyone that has the right to share information on your behalf. You can always limit the information you provide on the Network by requesting to have it removed.

To understand how your information may be used and kept safe on the Network, please see uniteus.com/privacy.

If you no longer want your information shared on the Network, you can email consent@uniteus.com or ask any Network partner.

Please sign and date in the box below:

SIGNATURE	DATE

REV01142022

PROJECT access NORTHWEST

200 Broadway, Suite 202 ■ Seattle, Washington 98122 ■ www.projectaccessnw.org
Tel: 206.788.4204 ■ Fax: 206.382.3507 / 800.579.1494 ■ info@projectaccessnw.org

Sharing patient stories helps us attain funding, increase our provider network, appeal to donors and provide reports to our grantors. By sharing your story, you are helping us become a stronger, more financially stable organization so that we can continue to help patients in need. Thank you for your help.

VIDEO/PHOTOGRAPHY/INTERVIEW CONSENT PERSONAL RELEASE AGREEMENT (THE "CONSENT AND RELEASE")

I hereby grant Project Access Northwest and its personnel, affiliates contractors, licensees, successors and assigns the right to film, tape, photograph and/or record still and motion pictures of me and my voice, as well as to transcribe statements given by me in personal interviews (collectively the "Content") and hereby grant all rights in and to the Content, including but not limited to the right to copyright, use or re-use, publish or re-publish, copy, exhibit or distribute the Content and my name and other personal, biographical and medical information for internal or external use, educational use, advertising or promotion, in any and all media, including, without limitation, electronic, digital, telecast, Internet and online systems, and print, without restriction, in perpetuity, and without compensation to me or others deriving rights from me. I understand that Project Access Northwest is filming/recording/transcribing the Content in reliance on the terms and conditions of this Consent and Release, and I have knowingly and voluntarily agreed to all such terms and conditions. I understand that I will not receive any remuneration for granting Project Access Northwest the consent and rights set forth above or for signing this Consent and Release. I will not sue Project Access Northwest or anyone else, based on a claim of defamation or damage to reputation because Project Access Northwest did or did not take or use the Content or did or did not use my name or any information about me, or because I did not like the Content and/or the manner in which the Content was taken, transcribed or used, or the manner in which my name or any information about me was used.

I acknowledge that no use of the Content will constitute an invasion of privacy or infringement of any rights I may currently (or in the future) have. I hereby release Project Access Northwest from any claims or liabilities in connection with any use of the Content. I hereby waive the benefit of any provision of law known as "droit moral" or moral rights of authors or any similar or analogous law or decision in any country of the world. I represent and warrant that I have the right to enter into this Consent and Release and to grant the rights set forth above, that this Consent and Release constitutes the entire understanding between Project Access Northwest and me, and that no promises or representations of any kind have been made by, or on behalf of, Project Access Northwest to me, other than as set forth in this Consent and Release.

This Consent and Release may only be modified or terminated in writing, signed by both Project Access Northwest and me.

I hereby certify that I am at least 18 years of age and have full right and authority to grant the rights and consents in my own name in this Consent and Release. I have read this Consent and Release prior to its execution, and I am fully familiar with the contents thereof. I have had the opportunity to have this Consent and Release reviewed by legal counsel of my own choosing or have voluntarily refrained from doing so.

Signature: _____ Date: _____

Printed Name (ID#): _____

Address:_____

E-mail: _____ Phone: _____