



Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(First, Middle, Last)

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Years/Months at Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager/Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Number of People living at Current Address: \_\_\_\_\_

Which county are you a resident of? \_\_\_\_\_

Ethnicity: Black Caucasian Hispanic Asian Native American Other: \_\_\_\_\_

Marital Status: Single Married Separated Divorced Widowed

Education Level: Less than High School GED High School Graduate  
Some College College Graduate

Housing: Rent Own Home Homeless Other: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Speak English? Yes No

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Have you previously been enrolled in Knoxville Area Project Access? Yes No

Have you been denied from TennCare? Yes No

Are you currently covered by any Health Insurance, Medicare, or TennCare? Yes No

Is Health Insurance available through your current employer? Yes No

If yes, number of hours to work each week in order to qualify \_\_\_\_\_

Monthly estimated cost of insurance to you \$ \_\_\_\_\_

Have you ever received Health Insurance benefits, including TennCare? Yes No

If yes, when and why was it terminated? \_\_\_\_\_

Is there a possibility you will receive Medicare, TennCare, or Health Insurance? Yes No

If yes, please explain: \_\_\_\_\_

Do you receive any type of disability benefits? Yes No If yes, what type? \_\_\_\_\_

Have you applied for disability? Yes No Status: \_\_\_\_\_

Do you currently receive assistance from any State Programs? Yes No

If yes, what type? \_\_\_\_\_

Do you receive food stamps? Yes No

Did you ever serve in the US Military? Yes No

If yes, number of years of service? \_\_\_\_\_ Discharge status: \_\_\_\_\_

Are you eligible for VA benefits? Yes No

Are you currently being treated for work-related and/or Motor Vehicle Accident-related injury? Yes No

If yes, what injuries did you receive in the work-related or Motor Vehicle Accident? \_\_\_\_\_

What is the status of your Worker's Compensation and/or Accident Insurance claim(s)?

Is there any legal action anticipated regarding this injury or illness? Yes No

Will your injury or illness prevent you from working for 12 months or longer? Yes No

**Please provide information for every person living at your current address:**

Name	Age	Employer	Hours Worked/Week	Rate of Pay

Do you or anyone living at your current address own a business? Yes No

If yes, who? \_\_\_\_\_ Type of business \_\_\_\_\_ Years in business \_\_\_\_\_

Do you currently have a primary care physician? Yes No

If yes, who/what practice? \_\_\_\_\_

Current Medical Problems \_\_\_\_\_

Checking Account # \_\_\_\_\_ Bank \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_ Is this your only checking account?  Yes  No

Savings Account # \_\_\_\_\_ Bank \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

**Monthly Household Income** (Total for everyone at your residence):

Social Security	Child Support	Salary/Wages	Disability

Pension/Retirement	Rental Property	Welfare	Food Stamp Allotment

Alimony	Unemployment	Cash Assistance and Source of Assistance:

**Monthly Household Expenses** (Total for everyone at your residence):

Mortgage/Rent	Car Payment	Car Insurance	Electric

Water	Gas	Groceries	Medication

Telephone	Cell Phone	Cable/Satellite TV	Property Taxes

Home Owner's Insurance	Medical Insurance

How did you hear about Project Access? \_\_\_\_\_

I certify that the above information is true to the best of my knowledge and there is no intent to commit fraud. I understand that appropriate action will be taken if the above information is misrepresented. I understand that eligibility for this program must be evaluated and will be confirmed by mail to the applicant. Further, I understand that the assistance is donated by volunteer providers and could end due to lack of volunteer services.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions, contact the Knoxville Area Project Access office at (865) 531-2766.**