

PureView Health Center., 1930 9th Ave., Helena, Montana 59601 Healthcare for the Homeless Clinic, God's Love Shelter, 533 N. Main Street Parker Medical Clinic, P.O. Box 729, Lincoln, MT 59639



Healthcare for the Homeless Enrollment Form	<u>n:</u> PVHC	HCHP	_PMC	
Name:	Date:	Male_	Female	
Date of Birth:Age:Social Security #:		_Phone #		
Address:Circle	ty State	e Zip		
Permanent Mailing Address:		•		
Number in Family: Monthly Family Income: _				
Race: (circle all that apply) Caucasian African American Native American	Asian Hawaiian	Pacific Island	er Other	
Ethnicity: Hispanic Non-Hispanic				
Health Insurance: (circle all that apply)				
Medicaid Medicare Mental Health Servic	e Plan (MHSP) Pr	rivate Insurance	None	
Current Housing Status:				
Shelter Transitional Center Doubling-Up with Oth	ners Street (Other:		
How long have you been homeless?	Been homeless 4 time	es in last 3 years	? No Yes	

Homeless Definition:

A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facility, abandoned building or vehicle; or in any other unstable, non-permanent or transitional situation. An individual may be considered to be homeless if that person is "doubled-up", a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the **INSTABILITY** of individual living arrangements is critical to the definition of homelessness.

I certify that I am eligible for HCH services; and I hereby request and authorize Healthcare for the Homeless to accept me as a patient and to treat me for health problems or conditions identified in the course of assessment and evaluation.

Client Signature, Guardian or Representative		Date			
Staff Signature			Date		
HCH enrollment date:	/	/	/	/	
PVHC staff signature:	/	<u> </u>	/	/	
HCH review set for:	/	/	/	/	I