



THE SHEPHERD'S TABLE EYE CLINIC ELIGIBILITY SCREENING FORM

Referring Agency \_\_\_\_\_ Caseworker/Screeener \_\_\_\_\_

Agency's Address \_\_\_\_\_

Telephone \_\_\_\_\_ Ext: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

(Last) (First) (Middle)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Current Address: \_\_\_\_\_

(number) (street)

Gender: Male  Female

(city) (state) (zip code)

Telephone (home) \_\_\_\_\_ (Other) \_\_\_\_\_ Race: \_\_\_\_\_

Medical Insurance (MEDICARE) or Medical Assistance? \_\_\_\_\_ Disability: Yes  No

Does your Medical insurance cover eye care? Yes  No

Are you in a Manage Care Organization (MCO)? Yes  No  United Health Care  Physician's Care  Other

Have you had Cataract Surgery in the past? Yes  No

Number of people in the Household, including yourself: \_\_\_\_\_ Female Headed Household? Yes  No

Country of Origin: \_\_\_\_\_ Number of Months/Years in the US: \_\_\_\_years \_\_\_\_ months

Household's Total Monthly Income: (every member's income, including wages and child support, unemployment compensation, workman's compensation, government benefits and retirement, etc)

Source of Income: \_\_\_\_\_ Total \$: \_\_\_\_\_

I affirm that all information I provided is true and give permission for pertinent information and documentation to be released to the Shepherd's Table Eye Clinic.

Client Signature \_\_\_\_\_

To be completed by screener: Is client eligible? Yes  No

The Referring Agency must fax verification of client's identity, county of residence and income unless specifically exempted.

Residence Income and Age Verified By:

Official Identification showing address and age

Maryland ID (Montgomery County)

Passport and last I-94

Copy of most recent Federal Income Tax Return

Pay stubs for the past month

Other Proof of Income (benefits award letter, etc) List: \_\_\_\_\_

Confirmation of Benefits from Montgomery County DHHS List: \_\_\_\_\_

Statement from shelter/soup kitchen confirming homelessness or indigence.

Comments: \_\_\_\_\_

Submit this form to:

The Shepherd's Table Eye Clinic

8106 Georgia Avenue, Suite 242, Silver Spring, MD 20910

Phone: 301-273-3696 or 301-585-6463 ext. 2, Fax: 301-585-4718