



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: PVHC _____ HCH _____

Name: _____ Date: _____ Male ___ Female ___

Date of Birth: _____ Age: _____ Social Security #: _____ Phone #: _____

Address: _____
City State Zip

Permanent Mailing Address: _____

Number in Family: _____ Monthly Family Income: _____ **Veteran?** Yes No

Race: (circle all that apply)

Caucasian African American Native American Asian Hawaiian Pacific Islander Other

Ethnicity: Hispanic Non-Hispanic

Health Insurance: (circle all that apply)

Medicaid Medicare Mental Health Service Plan (MHSP) Private Insurance None

Current Housing Status:

Shelter Transitional Center Doubling-Up with Others Street

Other: _____

How long have you been homeless? _____ Been homeless 4 times 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: _____ / _____ / _____ / _____ / _____
CHC staff signature: _____ / _____ / _____ / _____ / _____
HCH review set for: _____ / _____ / _____ / _____ / _____