



Let's Face It Together Foundation Client Eligibility Application

Client identification number

Please **print** answers to all questions. The questions about your family size, income, and health care insurance are to determine if you are eligible for *Let's Face It Together Foundation* services.

Do you currently receive Medi-Cal benefits or services? Yes No

Do you have a Medi-Cal Benefits Identification Card (BIC)? Yes No

BIC number	Issue date
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Besides Medi-Cal, do you currently have any health insurance? Yes No

Insurance Provider	Insurance Number
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First name	Middle name	Last name	Suffix (Jr., Sr.)
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Home Address (Number and Street)	City	State	Zip Code
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Home Phone #	Work Phone #
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social security number	Marital Status (Single, Seperated, Married, Divorced, Widowed)
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Date of birth (mm/dd/yyyy) / / _ _ _ _	US Citizen or National? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Date Arrived
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Race/ethnicity- Optional

1 <input type="checkbox"/> Asian	2 <input type="checkbox"/> Black	3 <input type="checkbox"/> Filipino	4 <input type="checkbox"/> Hispanic
5 <input type="checkbox"/> Native American	6 <input type="checkbox"/> Pacific Islander	7 <input type="checkbox"/> White	0 <input type="checkbox"/> Other

Primary Language

1 <input type="checkbox"/> Armenian	2 <input type="checkbox"/> Cantonese	3 <input type="checkbox"/> English	4 <input type="checkbox"/> Hmong	5 <input type="checkbox"/> Khmer/Cambodian
6 <input type="checkbox"/> Korean	7 <input type="checkbox"/> Tagalog	8 <input type="checkbox"/> Spanish	9 <input type="checkbox"/> Vietnamese	0 <input type="checkbox"/> Other

Financial Information: Please list all family members (self, spouse, and children) living in your household and supported by the family income. List the source of any earned or unearned income and the amount of income, including income from employment, self-employment, tips, commissions, pensions, social security, child and/or spousal support, ongoing insurance payments, disability, Veterans Affairs, unemployment benefits, etc.

Name	Relationship to You	Age	Source of Income	Gross Monthly Income (Before taxes or deductions.)
	(Self)			
Family size:			Total family income	\$

