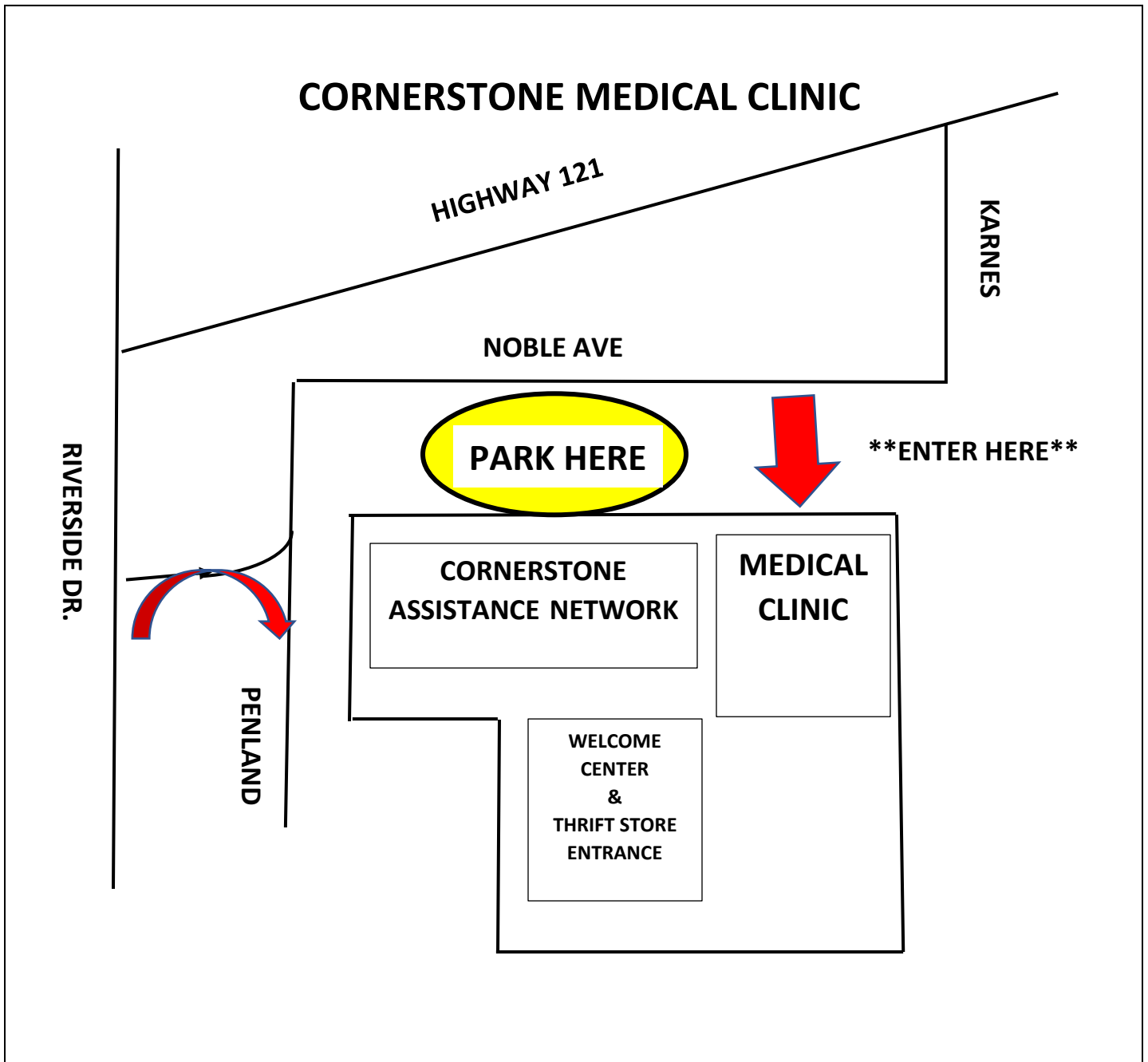




3500 Noble Avenue, Ft Worth, TX 76111





Cornerstone Dental / Medical Clinic

3500 Noble Ave. | Fort Worth, Texas 76111

Who can qualify?

Must be a Tarrant County Resident, No Insurance and fall below 200% of the Federal Poverty Level.

What will I need to apply?

Proof of ID, Proof of Tarrant County Residence and Proof of Income

Proof of ID

Must provide **ONE** of the following:

- Valid Drivers' License or State Issued ID Card
- Permanent Resident, Consular or Passport Card
- TDJC Card
- TCHC or Homeless Shelter ID Card
- Bus ID Card

Proof of Tarrant County Residence

Must provide **ONE** of the following:

- Utility bill with patient's name and address
- Agency letter – Re-entry, New Lives, Family Services
- Rental/lease agreement with patient's name
- Mortgage Statement
- Insurance Document
- Letter from Government Agency

Proof of All Household Income

Must provide copies for all that apply:

- Check Stubs for the last 30 days for everyone living in the household over 18 years of age
- Current Award Letter for SSI, RSDI, VA, Social Security or TANF
- Employer Wage Verification - If paid in cash
- Unemployment Award Letter
- Workman's Compensation
- Proof of child support
- Current year Income tax information
- Verification of Assistance Form
- Government assistance (Food Stamps, also known as SNAP, Medicaid, or TANF)
- Government funded housing (Section 8)

How do I submit my application?

Completed applications can be dropped off at our office, faxed to (817) 632-6026, or emailed to dentalclinic@canetwork.org.

How long will the process take?

It typically takes 3-4 weeks to review your application, and schedule an exam appointment if you qualify.

¿Quién puede calificar?

Debe ser residente del Condado de Tarrant, No Seguro y caer por debajo del 200% del Nivel Federal de Pobreza.

¿Qué necesito para aplicar?

Prueba de identificación, Prueba de residencia del condado de Tarrant y Prueba de ingresos

Prueba de identificación

Debe proporcionar **UNA** de las siguientes opciones:

- Licencia de conducir válida o tarjeta de identificación emitida por el estado
- Tarjeta de residente permanente, Consular o Pasaporte
- Tarjeta TDJC
- Tarjeta de identificación TCHC o Refugio para Personas Sin Hogar
- Tarjeta de identificación del autobús

Prueba de residencia en Tarrant County

Debe proporcionar **UNA** de las siguientes opciones:

- Factura de servicios públicos con el nombre y la dirección del paciente
- Carta de la Agencia – Reingreso, Nuevas Vidas, Servicios Familiares
- Contrato de alquiler/arrendamiento a nombre del paciente
- Declaración Hipotecaria
- Documento de Seguros
- Carta de la Agencia Gubernamental

Prueba de ingresos del hogar

Debe proporcionar una de las siguientes opciones para todos los que se aplican:

- Talones de Cheque - los últimos 30 días para todas las personas que viven en el hogar mayores de 18 años
- Carta de adjudicación actual para SSI, RSDI, VA, Seguro Social o TANF
- Verificación salarial del empleador - Si se paga en efectivo
- Carta de Premio por Desempleo
- Compensación del trabajador
- Prueba de manutención infantil
- Año actual Información sobre el impuesto sobre la renta
- Formulario de verificación de asistencia
- Asistencia gubernamental (Estampillas, también conocidos como SNAP, Medicaid o TANF)
- Vivienda financiada por el gobierno (Sección 8)

Cómo envío mi solicitud?

Las solicitudes completadas se pueden llevar en persona a nuestra oficina, enviarse por fax al (817) 632-6026 o enviarse por correo electrónico a dentalclinic@canetwork.org.

¿Cuánto tiempo durará el proceso?

Por lo general, toma de 3 a 4 semanas para revisar su solicitud y programar una cita de examen si califica.



CORNERSTONE ASSISTANCE NETWORK INTAKE FORM

Please check the services you are applying for:

MEDICAL
 VISION
 CATARACT
 DENTAL

Client Information					
Name (First, Middle, Last):			Date:		
Current address:					
City:		State:		ZIP Code:	
Home Phone:		Work Phone:		Cell Phone:	
Email:		Date of Birth:		Age:	
Emergency Contact:			Emergency Contact Phone #:		
Cornerstone does not discriminate on the basis of race, sex, gender, age, linguistic and language ability, marital status, disability and any other characteristics protected by law.					
Demographic Information					
Race/Ethnicity (Please check all that apply):				Citizenship:	
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> US Citizen	
<input type="checkbox"/> Black/African American		<input type="checkbox"/> White		<input type="checkbox"/> Eligible Non-Citizen	
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Other _____		<input type="checkbox"/> Non-Eligible Non-Citizen	
Gender:		Veteran:		Disabled:	
<input type="checkbox"/> Male		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
<input type="checkbox"/> Female		<input type="checkbox"/> No		<input type="checkbox"/> No	
Marital Status:			Education Level:		
<input type="checkbox"/> Single/Never Married		<input type="checkbox"/> Separated		<input type="checkbox"/> Less than High School	
<input type="checkbox"/> Married		<input type="checkbox"/> Common Law		<input type="checkbox"/> High School/ GED	
<input type="checkbox"/> Divorced		<input type="checkbox"/> Widow		<input type="checkbox"/> Some college/Associate	
		<input type="checkbox"/> Advanced Degree		<input type="checkbox"/> Bachelor's Degree	
				<input type="checkbox"/> Other _____	
Household Information					
Employment Status:		Yearly Income:		Source(s) of Income:	
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Self Employed	<input type="checkbox"/> < \$10K	<input type="checkbox"/> \$21K-\$25K	<input type="checkbox"/> Employment	<input type="checkbox"/> SSI/SSDI
<input type="checkbox"/> Part Time	<input type="checkbox"/> Retired	<input type="checkbox"/> \$11K-\$15K	<input type="checkbox"/> >\$26K+	<input type="checkbox"/> Child Support	<input type="checkbox"/> TANF
<input type="checkbox"/> Full Time	<input type="checkbox"/> Other _____	<input type="checkbox"/> \$16K-\$20K	<input type="checkbox"/> Other _____	<input type="checkbox"/> Pension/Veteran	<input type="checkbox"/> Other _____
Housing Status:			Transportation:		Number of Persons in Household:
<input type="checkbox"/> Own Home		<input type="checkbox"/> Transition Housing	<input type="checkbox"/> Bus <input type="checkbox"/> Walking		Children (under 17): _____
<input type="checkbox"/> Rent		<input type="checkbox"/> Homeless	<input type="checkbox"/> Personal Vehicle		Adults: _____
<input type="checkbox"/> Staying With Someone		<input type="checkbox"/> Other _____	<input type="checkbox"/> Received Ride		
Please list ALL individuals currently living in your household					
Name	Date of Birth	Age	Gender	Relationship	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Programs				
Please rank your current level of need (circle one):				
1 Don't need help	2	3 Resources and referrals	4	5 Any and all services
What mainstream benefits have you applied for or participated in (check all that apply)?				
<input type="checkbox"/> SSI/ SSDI	<input type="checkbox"/> JPS Connection	<input type="checkbox"/> Education Assistance	<input type="checkbox"/> TANF	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Food Stamps/WIC	<input type="checkbox"/> Section 8 Housing	<input type="checkbox"/> Workers Comp.	<input type="checkbox"/> Texas Workforce	<input type="checkbox"/> ACA Marketplace
Income received from any source in past 30 days:		Non-cash benefits received in past 30 days:		
Source of income:	Amount monthly:	Type of Benefits:	Amount monthly:	
Employment:		Food Stamps		
Unemployment		Medicaid		
Social Security		Medicare		
SSI/ SSDI		CHIP		
Veterans benefits		VA Medical services		
Worker's comp		Section 8, Public Housing		
Alimony / Child Support		Other:		
TANF		Critical Documents Needed:		
Other Sources:		<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Valid ID	
Monthly Expenses:		<input type="checkbox"/> Social security Card	<input type="checkbox"/> Birth Certificate	
Type:	Amount monthly:	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> TDCJ/TCHC	
Rent / Mortgage		Are you seeking any of the following services?		
Auto / Payment		Addiction Services:	<input type="checkbox"/> Yes	
Gas			<input type="checkbox"/> No	
Insurance		Adult Education Services:	<input type="checkbox"/> GED Classes	
Utilities: Electric		<input type="checkbox"/> Computer Classes	<input type="checkbox"/> ESL Classes	
Gas		Spiritual Resources:	<input type="checkbox"/> Bible	
Water		<input type="checkbox"/> Church information	<input type="checkbox"/> Prayer	
Phone		Lifestyle Mgmt	<input type="checkbox"/> Financial Budgeting	
Food		<input type="checkbox"/> Immigration Svcs	<input type="checkbox"/> Coaching	
Childcare		<input type="checkbox"/> Emotional Support	<input type="checkbox"/> Legal assistance	
Alimony / Child Support		<input type="checkbox"/> Health	<input type="checkbox"/> Dental	
Medical Insurance		<input type="checkbox"/> Eye	<input type="checkbox"/> Mental health	
Prescriptions		Reentry services	<input type="checkbox"/> Job	
Cable / Internet		<input type="checkbox"/> Housing	<input type="checkbox"/> Transportation	
Other Expenses		<input type="checkbox"/> Interview skills	<input type="checkbox"/> Resume	
Re-entry Information				
<input type="checkbox"/> Felony Conviction	<input type="checkbox"/> Open/ Pending Case		<input type="checkbox"/> Unpaid tickets/ Warrants	
<input type="checkbox"/> Misdemeanor Conviction	<input type="checkbox"/> Probation/ Parole		<input type="checkbox"/> Current civil cases	
CLIENT SIGNATURE:		Referring Individual/Organization:		