LDCC is a private not-for-profit clinic. In order for us to provide services to patients regardless of the family’s ability to pay we rely on donations from donors and grants. As part of this process, information regarding who we serve is collected. The information collected will be utilized to report our client demographics as a whole and to help identify those that may be eligible for additional assistance. Individual information is not released. Thank you for your help.

**Name of Parent/Guardian:** _____________________________  **Date:** ______________________

**CHILD OR CHILDREN BEING SEEN AT LINDQUIST** (Please let us know if you need additional pages):

<table>
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<th>LAST</th>
<th>FIRST</th>
<th>MI</th>
<th>DOB</th>
<th>Foster Child?</th>
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</table>

**FAMILY INFORMATION:**

Marital Status of Head of Household: □ Single □ Married □ Widowed □ Divorced □ Separated

**Head of Household:** □ Male □ Female  **# of People in Family** ________

**Annual Income:** (Please check the amount closest to your income)

□ $13,900  □ $23,050  □ $29,800  □ $41,050  □ $57,200
□ $15,900  □ $23,150  □ $33,100  □ $42,350  □ $61,400
□ $17,850  □ $24,600  □ $35,750  □ $43,700  □ $65,650
□ $19,850  □ $26,200  □ $37,050  □ $47,650  □ $69,900
□ $21,450  □ $26,500  □ $38,400  □ $52,950  □ $75,000

**CHILD INFORMATION:**

Does your child have a disability: □ Y □ N (If yes, child’s name) ________________

**Racial/Ethnic Background (check ALL that apply):**

If more than one racial/ethnic background applies to different children, please note the child’s name with the appropriate racial/ethnic background.

□ Caucasian (01)  □ African American (02)
□ Asian (03)  □ Hispanic or Latino (04)
□ Native Hawaiian or Pacific Islander (05)  □ Eastern European (06)
□ Middle Eastern (07)  □ Native Am / Alaska Native (08)
□ Caucasian & African American (09)  □ Caucasian & Asian (10)
□ Caucasian & Native AM or AK (11)  □ African American & Asian (12)
□ African American & Native AM/AK (13)  □ African American & Hispanic/Latino(14)
□ Caucasian & Hispanic/Latino (15)  □ Multi-racial (16)
□ Other (17): ______________________

**IMPORTANT – PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**
MILITARY STATUS (Please provide information for both parent/guardians if applicable)
Parent/Guardian #1: ☐ Active(1) ☐ Reserve(2) ☐ Veteran(3)  Rank: ______
Branch: ☐ Army(1) ☐ Air Force(2) ☐ Navy(3) ☐ Marines(4) ☐ Coast Guard(5)

Parent/Guardian #2: ☐ Active(1) ☐ Reserve(2) ☐ Veteran(3)  Rank: ______
Branch: ☐ Army(1) ☐ Air Force(2) ☐ Navy(3) ☐ Marines(4) ☐ Coast Guard(5)

GENERAL QUESTIONS:
Before coming to Lindquist, did you have problems finding a dentist that would:
1) take Medicaid? ☐ Y ☐ N and/or 2) see your child on a sliding scale fee basis? ☐ Y ☐ N

2) Within your family how would you assess your transportation?
   none available ☐ available for basic needs only ☐ available & affordable ✔
   1 2 3 4 5

3) Within your family how would you assess your housing?
   Homeless ☐ sub-standard ☐ transitional ☐ renting ☐ own ✔
   1 2 3 4 5

4) Within your family how would you assess your food?
   Free or low cost ☐ SNAP/assistance ☐ basic needs met ☐ no assistance needed ✔
   1 2 3 4 5

5) Within your family how would you assess your income?
   None ☐ unable to meet basic needs ☐ basic needs met ☐ sufficient & stable ✔
   1 2 3 4 5

6) Lindquist has appointments Monday through Friday from 8am – 5pm with extended hours and Saturdays available at select clinics. How helpful are our hours of operation?
   Not helpful ☐ very helpful ✔
   1 2 3 4 5

Comments:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Signature: __________________________________________   Date: __________________________