

Lindquist Dental Clinic for Children

2020 Additional Patient Data

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):

LAST	FIRST	MI	DOB	Foster Child?
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N

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)

Check here if patient is a foster child

<input type="checkbox"/> \$13,900	<input type="checkbox"/> \$23,050	<input type="checkbox"/> \$29,800	<input type="checkbox"/> \$41,050	<input type="checkbox"/> \$57,200
<input type="checkbox"/> \$15,900	<input type="checkbox"/> \$23,150	<input type="checkbox"/> \$33,100	<input type="checkbox"/> \$42,350	<input type="checkbox"/> \$61,400
<input type="checkbox"/> \$17,850	<input type="checkbox"/> \$24,600	<input type="checkbox"/> \$35,750	<input type="checkbox"/> \$43,700	<input type="checkbox"/> \$65,650
<input type="checkbox"/> \$19,850	<input type="checkbox"/> \$26,200	<input type="checkbox"/> \$37,050	<input type="checkbox"/> \$47,650	<input type="checkbox"/> \$69,900
<input type="checkbox"/> \$21,450	<input type="checkbox"/> \$26,500	<input type="checkbox"/> \$38,400	<input type="checkbox"/> \$52,950	<input type="checkbox"/> \$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.

<input type="checkbox"/> Caucasian (01)	<input type="checkbox"/> African American (02)
<input type="checkbox"/> Asian(03)	<input type="checkbox"/> Hispanic or Latino (04)
<input type="checkbox"/> Native Hawaiian or Pacific Islander (05)	<input type="checkbox"/> Eastern European (06)
<input type="checkbox"/> Middle Eastern (07)	<input type="checkbox"/> Native Am / Alaska Native (08)
<input type="checkbox"/> Caucasian & African American (09)	<input type="checkbox"/> Caucasian & Asian (10)
<input type="checkbox"/> Caucasian & Native AM or AK (11)	<input type="checkbox"/> African American & Asian (12)
<input type="checkbox"/> African American & Native AM/AK (13)	<input type="checkbox"/> African American & Hispanic/Latino(14)
<input type="checkbox"/> Caucasian & Hispanic/Latino (15)	<input type="checkbox"/> Multi-racial (16)
<input type="checkbox"/> 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: _____