



## Information and Application

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The goal of the Toledo/Lucas County CareNet Pilot Program is to coordinate low cost primary and hospital healthcare services for low-income residents of Lucas County who do not have health insurance and do not qualify for governmental health care programs. (Not all healthcare services are part of the program.)

### Benefits of Becoming a Member

- Doctor visits including illness care are provided at a low cost based on your household income.
- Pregnancy-based care (members may be rescreened for eligibility in other assistance programs).
- Hospital-based services (members may be rescreened for eligibility in other assistance programs).
- Additional services available depending on primary care site.
- Free TARTA Bus transportation to doctor appointments (up to 8 roundtrips each year).

### You can become a member if you meet all of the following:

- You cooperate with the CareNet application process.
- You have been a resident of Lucas County for at least 6 months.
- You are not eligible for any government healthcare programs.
- You are not eligible for or do not have any other form of health insurance coverage.
- Your household size and annual income is in the following ranges:
  - Household of 1 up to \$21,780
  - Household of 2 up to \$29,420
  - Household of 3 up to \$37,060
  - Household of 4 up to \$44,700
  - Household of 5 up to \$52,340
  - Household of 6 up to \$59,980
  - Household of 7 up to \$67,620
  - Household of 8 up to \$75,260

### To Apply

Fill out as much of the attached Healthcare Financial Assistance Application as you can and provide a copy of your pay stubs or proof of other income for the last year.

1. Choose your healthcare provider from the list on the next page.
2. Contact the enrollment site for the healthcare provider you select and make an appointment or stop in during available hours to meet with an enrollment staff member to determine your eligibility to become a CareNet member.
3. As soon as you are considered eligible, you will be enrolled.

### Bring the following items with you to enroll:

- Completed application.
- Income verification: including – tax returns, pay stubs, W-2's, self-employment records, award letter, bank statements or other documents containing income information.
- Proof of residency: such as a driver's license.

**Toledo/Lucas County CareNet Primary Care Healthcare Providers, Services, Hours, Enrollment Information**

<b>HEALTHCARE PROVIDERS</b>	<b>SERVICES</b>	<b>DAY OF WEEK/HOURS</b>	<b>ENROLLMENT SITE</b>
Cordelia Martin Community Health Center 430 Nebraska Avenue (behind Samuel M. Jones at Gunckel Park Middle School) Toledo, OH 43604 (419) 255-7883	Adult Primary Care Obstetrics Dental, ext. 169 <b>Appt, ext. 100</b> WIC, ext. 108 Pharmacy, ext. 171 Social Serv, ext 111or 112	8:30 am - 4:30 pm Mon - Fri and 1st & 3rd Saturdays...by Appointments <b><u>only</u></b>	<b>Cordelia Martin Health Center</b> 430 Nebraska Avenue (behind Samuel M. Jones at Gunckel Park Middle School)  <b><u>Correspondence mailed to :</u></b> <b>Cordelia Martin</b> <b>313 Jefferson Ave.</b> <b>Toledo, OH 43604</b> ATTN: _____  <b><u>Dental Information:</u></b> *you do <b>NOT</b> have to be an NHA patient to make an appointment* - <b>Pediatric</b> Clinic-1st Satur. Of the Month, 10 am – 1:30 pm, Minimum \$17.00 419-255-7883, ext. 169 - <b>Adult</b> Clinic – Mon, Tue & Thur. 8:30am – 4pm 419-255-7883, ext. 169
Rivereast Community Health Center 117 Main Street Toledo, OH 43605 (419) 691-1322	Adult Primary Care Obstetrics <b>Appt., ext. 300</b> WIC, ext. 317 Social Service, ext. 314	8:30 am - 5:00 pm Mon - Fri	
Southside Community Health Center 732 South Avenue Toledo, OH 43609 (419) 241-6106	Adult Primary Care <b>Appt., ext. 200</b> Infor., ext. 200 Social Service, ext. 214	8:30 am - 4:30 pm Monday thru Friday	
Huron Street Woman’s Center 923 Huron Street Toledo, OH 43604 (419) 242-6028  <b><u>OB/GYN ONLY</u></b>	OB/GYN ONLY <b>Appt., ext. 11</b> Social Service, ext. 11	OB and Women’s Health 8:30 – 4:30 pm	
NHA Pediatrics 1 Aurora Gonzalez Dr. Toledo, OH 43609 (419) 241-4230	Pediatrics <b>Appt., ext. 200</b> WIC, ext. 208	8:30 am – 5:00 pm Mon. – Fri. Call for appointment	
Daisy Smith Peds 430 Nebraska Ave. Toledo, OH 43604 (419) 255-7883	Pediatrics <b>Appt., ext 100</b> WIC ext 108	Call for appointment Mon. – Fri.	
St Luke’s Hospital Family Medicine Center 6005 Monclova Road Monclova, OH 43537 (419) 893-5959 Fax: (419) 893-5918	Family Medicine Prenatal/OB-GYN Pediatrics	8:30 AM – 5:00 PM Mon. – Fri.	St Luke’s Hospital Family Medicine Center 6005 Monclova Road Monclova, OH 43537 (419) 893-5959  <b><i>Not enrolling new members at this time</i></b>

**SUBJECT TO CHANGE**

**Toledo/Lucas County CareNet Primary Care Healthcare Providers, Services, Hours, Enrollment Information**

<b>HEALTHCARE PROVIDERS</b>	<b>SERVICES</b>	<b>DAY OF WEEK/HOURS</b>	<b>ENROLLMENT SITE</b>
Health Department Downtown Clinic 635 N. Erie Street Toledo, OH 43624 (419) 213-4203	Pediatric Primary Care	Mon – Wed & Fri	Health Department Downtown Clinic 635 N. Erie Street (419) 213-4203
	Adult Primary Care	8:00 am – Noon Mon-Fri	
	OB/Prenatal	8:00 am – 4:45 pm Thur	
Western Lucas County Clinic 330 Oak Terrace Blvd. Holland, OH 43528 (419) 213-6255	OB/Prenatal	8:00 am – 4:45 pm Tues	Western Lucas County Clinic 330 Oak Terrace Blvd. (419) 213-6255
	Family Practice	8:00 am – 4:45 pm Mon-Wed & Fri	
The Center for Health Services 2150 West Central Avenue Toledo, OH 43606 (419) 291-8542  <b>Not enrolling new members at this time</b>	Pediatric Primary Care	8:00 am – 4:30 pm Mon - Fri	The Center for Health Services 2150 West Central Ave. (419) 291-8542  <b>Not enrolling new members at this time</b>
	Adult Primary Care OB/Prenatal/ GYN/Specialty Clinics		
W.W. Knight Family Practice Ctr 2051 West Central Avenue Toledo, OH 43606 419-291-2051  <b>Not enrolling new members at this time</b>	Family Practice	8:00 am – 4:30 pm Mon - Fri	
Family Physician Association and Flower Hospital Family Practice Residency 5200 Harroun Road Sylvania, OH 43560 (419) 824-1100  <b>Not enrolling new members at this time</b>	Family Practice	8:00 am – 4:30 pm Mon - Fri	

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**Toledo/Lucas County CareNet Primary Care Healthcare Providers, Services, Hours, Enrollment Information**

HEALTHCARE PROVIDERS	SERVICES	DAY OF WEEK/HOURS	ENROLLMENT SITE
Navarre Family Medical Assoc. 2702 Navarre Avenue, Suite 206 Oregon, OH 43616 (419) 696-6000  <b>Not enrolling new members at this time</b>	Family Practice	9:00 AM – 12:00 PM 1:00 PM – 5:00 PM Mon, Tues, Thur & Fri 1:00 PM – 5:00 PM Wed	Mercy Healthcare Center 2200 Jefferson Avenue Toledo, OH 43624 Call (419) 251-4000 for an appointment
Navarre Park Clinic 1020 Varland Toledo, OH 43605 (419) 696-1515 Family Practice (419) 696-1520 Obstetrics  <b>Not enrolling new members at this time</b>	Family Practice & Obstetrics	9:00 am – 5:00 pm Mon - Fri  9:00 am – 8:00 pm Wednesday (OB Only)	<b>Not enrolling new members at this time</b>
Mercy Family Practice 2200 Jefferson Avenue Toledo, OH 43624 (419) 251-1400  <b>Not enrolling new members at this time</b>	Family Practice	9:00 AM – 5:00 PM Mon - Fri	
Family Care Center-Adult Clinic 2213 Franklin Avenue Toledo, OH 43620 (419) 251-2360  <b>Not enrolling new members at this time</b>	Adult Primary Care	9:00 AM – 5:00 PM Mon - Fri	

**SUBJECT TO CHANGE**

**FINANCIAL ASSISTANCE APPLICATION**

**OFFICE USE ONLY**

CareNet# _____	% of Co-Pay _____	H-Cap _____	Medical Home _____
Charity _____	Start Date _____	End Date _____	

Patient's Name _____	Applicant Name _____		
	(if different from patient)		
Patient's SS# _____	Patient's DOB _____		
Address _____	City _____	State _____	Zip _____
Phone # _____	Alternate Phone # _____		
Spouse's Name _____	Spouse's DOB _____		
Spouse's SS# _____			

**Have you been a Lucas County resident for the past 6 months?**       Yes     No

**United States Citizen?**     Yes     No

Patient's Primary Care Physician \_\_\_\_\_

Spouse's Primary Care Physician \_\_\_\_\_

<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/widower
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>If female &amp; over 40 are you enrolled in BCCP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a U.S. Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you receive VA Benefits: :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Optional:

<b>Ethnicity:</b> Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Race:</b> <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other _____
<b>Primary Language Spoken:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____

**Provide information for ALL people in your immediate family who live in your home**

\*If zero (0) income is reported, explain how patient is supporting self \_\_\_\_\_

\*Number of people in your family: \_\_\_\_\_ If you need more space, please attach a separate sheet

Name	DOB	Relationship to patient	Adopted, Natural, Step-child	Current gross monthly income	Type of income**	Gross income 3 months prior to date of service	Gross income 12 months prior to date of service
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$

\*\*Types of income included are: wages, self employment, social security, unemployment, child support, alimony, workers' comp., pension, VA benefits, OWF, etc.

\*Provide income verification with application. Income verification may include: pay stubs, 1040 IRS tax forms, W-2's, self employment records, award letter, bank statement, etc.

**PLEASE LIST ALL CURRENT EMPLOYERS**

**Are you currently employed?**  Yes  No

Patient Current Employer(s) & Phone #(s) with start date(s) : \_\_\_\_\_

All Patient's Previous Employers in past 12 months (please list beginning and end dates):

All Spouse Employer(s) in the past 12 months (please list beginning and end dates): \_\_\_\_\_

2) **Have you applied for Medicaid or Disability Assistance?**  Yes  No.....if Yes,

What were the results? \_\_\_\_\_ Billing # \_\_\_\_\_

3) **Do you have health insurance (other than Medicaid)?**  Yes  No.....if Yes,

List type of insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

4) **Do you now, or have you in the past, had a workman's comp claim?**  Yes  No If Yes,

Date \_\_\_\_\_ Claim # \_\_\_\_\_ Medical Problem \_\_\_\_\_

Are you still receiving benefits  Yes  No Medical Treatment \_\_\_\_\_

5) Where you an Ohio resident at the time of hospital service  Yes  No

6) **Please indicate if any of the outstanding medical bills with our facilities are due to a Motor Vehicle accident or due to Liability?**  Yes  No.....if Yes, please complete the following section:

Name of Auto Insurance \_\_\_\_\_

Insurance Address \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance Agent's Name/Phone \_\_\_\_\_

Name of person liable for accident \_\_\_\_\_

7) **Do you have assets over \$10,000** such as savings, checking, home equity, stocks, bonds, 401, IRA, CD's, etc?

Yes  No  If Yes, list type and amount \_\_\_\_\_

I understand any financial assistance provided may be reversed if it is determined this information is not correct.

**“Providing false information to induce another to extend credit or to bestow any other valuable benefit may be a violation of the Ohio Revised Code Section 2921.13”.**

By my signature below, I affirm the information on this application is true to the best of my knowledge.

\_\_\_\_\_  
Signature of patient                      Date                      Signature of spouse                      Date

\_\_\_\_\_  
Signature of enrollment coordinator                      Date

I have read and understand the **Notice of Privacy Practice:**     Yes     No