



Information and Application

The goal of the Toledo/Lucas County CareNet 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 preventative and 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 round trips per 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 program (Medicare, Medicaid, CHIP, veteran's benefits, etc.).
- You are not eligible for or do not have any other form of health insurance coverage.
- Your household size and annual income (as reported on your most recent tax return) is in the following range:
 - Household of 1 up to \$29,160
 - Household of 2 up to \$39,440
 - Household of 3 up to \$49,720
 - Household of 4 up to \$60,000
 - Household of 5 up to \$70,280
 - Household of 6 up to \$80,560

To Apply

Fill out as much of the attached Healthcare Financial Assistance Application as you can and collect a copy of the required documents listed below. Then follow these steps:

1. Choose your healthcare provider from the list that begins on the next page. If you already have a family doctor, check to see if he/she is willing to see you as a CareNet member. If so, call 419-842-0800 for instructions on how to complete the enrollment process.
2. Follow instructions on enrolling for the clinic you have selected. Each clinic has their own enrollment process.
3. As soon as you are considered eligible, you will be enrolled.

To enroll in CareNet, you must provide the following documents:

- Completed Financial Assistance Application (last page of this packet).
- Income verification: including – tax returns, most recent pay stubs, W2's, self-employment records (schedule C & signature page), award letter, bank statements or other documents containing income information. Please do not submit originals as they ***will not*** be returned.
- Proof of residency such as a driver's license/state ID or utility bill.

CARENET FAX 419-843-8889

Toledo/Lucas County CareNet Partner Medical Homes

Medical Home	Services	Days and Hours	Clinic Info
Compassion Health Toledo 1638 Broadway Toledo, Ohio 43609 567-661-0565	Family Practice Women's Health Prenatal Care Pediatric Care Childhood Vaccines	8am - 4pm Monday – Friday Limited walk-in appointments available.	Please call the clinic for enrollment instructions.

Medical Home	Services	Days and Hours	Clinic Info
Family Medical Center of Michigan, Inc. 8765 Lewis Avenue Temperance, Mi. 48182 734-847-3802 (Medical) 734-850-6920 (Dental)	Primary Care Dental OB-GYN Behavioral Health	MEDICAL: 8am – 5pm Mon., Tue., Fri 8am – 8pm Wed & Thursday DENTAL: 8am – 5pm Monday 8am – 6pm Tues - Friday	Please call this location and ask to schedule a new patient appointment. Please take your application with required documentation to that appointment and provide it to the receptionist.

Medical Home	Services	Days and Hours	Clinic Info
St. Luke's Family Medicine Center 7045 Lighthouse Way Perrysburg, Ohio 43551 419-873-6836	Family Medicine Prenatal Care Pediatrics OB-GYN Obstetrics Adult Primary Care Behavioral Health Childhood Vaccines	8am – 5pm Mon., Tues., Wed., & Friday 8am – 12pm Thursday	Please call this location and ask to schedule a new patient appointment. Please take your application with required documentation to that appointment and provide it to the receptionist.

Medical Home	Services	Days and Hours	Clinic Info
The Center for Health Services 2150 W. Central Avenue Toledo, Ohio 43606 419-291-2192	Pediatric Primary Care Adult Primary Care OB-GYN Prenatal	8am – 4:30pm Monday – Friday	Please call this location and ask to schedule a new patient appointment. Please take your application with required documentation to that appointment and provide it to the receptionist.

Medical Home	Services	Days and Hours	Clinic Info
Mercy Family Practice 2200 Jefferson Avenue Toledo, Ohio 43604 419-251-1400	Family Practice	9am -5pm Monday - Friday	Please call the location you wish to be seen at and ask to schedule a new patient appointment.
Navarre Family Medical Associates 2702 Navarre Avenue Suite 206 Oregon, Ohio 43616 419-696-6000	Family Practice	9am – 5pm Mon., Tues., Thurs., Friday 1pm – 5pm Wednesday	<u><i>Prior to your first medical appointment, call 419-251-5966 to make a different appointment to enroll in CareNet.</i></u>
Family Care Center 2213 Franklin Avenue Toledo, Ohio 43620 419-251-2360	Adult Primary Care	9am -5pm Monday – Friday	
Mercy Health St. Vincent Walk-in 2213 Cherry Street ACC Main Floor Toledo, OH 43608 419-251-4696	Primary Care	8:00 a.m. – 8:00 p.m. Monday – Friday 10:00 a.m. – 4:00 p.m. Saturday & Sunday	

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Medical Home	Services	Days and Hours	Clinic Info
Cordelia Martin Community Health Center & Daisy Smith Pediatrics 615 Division St. (Behind Jones Leadership Academy) Toledo, Ohio 43604 419-255-7883	Adult Primary Care Dental Care Social Services	8am – 4:30pm Monday - Friday	Please call the location you wish to be seen at and ask to schedule a new patient appointment. Please take your application with required documentation to that appointment and provide it to the social worker.
Nexus Health Care 1415 Jefferson Avenue Toledo, Ohio 43604 419-214-5700	Adult Primary Care OB-GYN Dental Care Pharmacy Social Services	8am – 4:30pm Monday - Friday	
Southside Community Health Center 732 South Avenue Toledo, Ohio 43609 419-241-6106	Adult Primary Care Pediatric Primary Care Social Services	8am – 4:30pm Mon., Tues., Weds., & Fri (ADULTS) 1pm – 4:30pm Tues. & 8am – 11:45am Thurs. (PEDIATRIC PRIMARY CARE)	
Holland Health Care 225 S. Irwin Road Holland, Ohio 43528 567-703-8985	Family Practice (Adults, Women's, Pediatric) Social Services	8am – 4:30pm Monday - Friday	
Navarre Park Clinic 1020 Varland Toledo, Ohio 43605 419-696-1515 (Family Practice) 419-696-1520 (Obstetrics)	Family Practice Obstetrics Pediatrics	8am – 4:30pm Monday - Friday	

FINANCIAL ASSISTANCE APPLICATION

PATIENT OR APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MARITAL STATUS: _____ PHONE: _____ ALTERNATE PHONE #: _____

OFFICE USE ONLY
CARENET #: _____
MEDICAL HOME: _____
% COPAY OR FLAT RATE: _____

PROVIDE INFORMATION FOR ALL PEOPLE IN YOUR IMMEDIATE FAMILY WHO LIVE IN YOUR HOME. IMMEDIATE FAMILY IS DEFINED AS YOURSELF, SPOUSE, AND NATURAL OR ADOPTED CHILDREN UNDER THE AGE OF 18 (NOTE: ANY OTHER FAMILY MEMBERS ARE NOT COUNTED)

NAME	RELATIONSHIP TO PATIENT	DATE OF BIRTH	TOTAL GROSS INCOME IN THE 3 MONTHS PRIOR TO THE DATE OF SERVICE	TOTAL GROSS INCOME IN THE 12 MONTHS PRIOR TO THE DATE OF SERVICE	SOURCE OF INCOME EMPLOYER NAME (STATE IF YOU ARE A COLLEGE STUDENT)
	SELF				

1. IF YOU REPORTED ZERO TOTAL INCOME, HOW ARE YOU BEING SUPPORTED? _____
2. HAVE YOU BEEN A LUCAS COUNTY / OHIO RESIDENT THE PAST 6 MONTHS? _____
3. HAVE YOU APPLIED FOR MEDICAID OR ANY OTHER COUNTY ASSISTANCE? NO YES (DATE/RESULTS _____)
4. DO YOU HAVE HEALTH INSURANCE OTHER THAN MEDICAID? NO YES
 *NOTE: PROVIDE COPY OF CARD WITH THIS APPLICATION ID/POLICY # _____ GROUP # _____
5. ARE YOU A U.S. VETERAN / RECEIVE VA BENEFITS? NO YES
6. WAS THE DATE OF SERVICE RELATED TO AN AUTO ACCIDENT? NO YES (INSURANCE NAME/CLAIM# _____)
7. DOES ANYONE IN YOUR HOME HAVE A CHECKING OR SAVINGS ACCOUNT? NO YES (VALUE _____)
8. DOES ANYONE IN YOUR HOME HAVE ANY OTHER ASSETS? NO YES (TYPE/VALUE _____)
 *NOTE: ASSETS ARE DEFINED AS STOCKS, BONDS, CD'S, 401K, IRA'S, & OTHER
9. DO YOU OWN OR RENT A HOME? OWN RENT OTHER (_____)
10. PRIMARY LANGUAGE SPOKEN? ENGLISH SPANISH OTHER _____
11. ETHNICITY (OPTIONAL) HISPANIC LATINO
12. RACE (OPTIONAL) ALASKAN NATIVE AMERICAN INDIAN ASIAN PACIFIC ISLANDER BLACK WHITE OTHER _____
13. GENDER MALE FEMALE OTHER _____
14. WHO IS YOUR PRIMARY PHYSICIAN / CLINIC NAME? _____

CERTIFICATION: BY SIGNING THIS DOCUMENT, I AFFIRM THE ANSWERS ON THIS APPLICATION ARE TRUE. 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"

PATIENT SIGNATURE: _____ DATE: _____

APPLICANT OR REPRESENTATIVE SIGNATURE: _____ RELATIONSHIP: _____ DATE: _____ (IF NOT PATIENT)