

PLEASE PRINT CLEARLY



Eligibility Screening Questionnaire

Name: _____ Date: _____

1. What company do you work for? _____
2. What county do you live? Berkeley Charleston Dorchester _____ (*other*)
3. What is your age? _____
4. How long have you worked for this employer? _____
5. How many hours a week do you work? _____ per week
6. Are you: Full time Part time Seasonal Self Employed
7. Do you work anywhere else? No Yes; where? _____
8. Do you currently have health insurance? Yes No
9. If you had/have insurance, when was the last time you had health insurance?
_____ (year).
10. Are you married? yes No
If Yes, is your spouse employed? Yes No.
If Yes, does his/her employer offer healthcare insurance? _____
What is your spouse's estimated annual income (before taxes)? _____
11. Do you have?
 Medicaid Medicare VA Medical Benefits None
12. If you do not have health insurance, are you interested in buying low cost health care coverage for you or your family with your Employer's assistance?
 Yes No

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See Back to complete Survey

13. What is your annual combined family income before taxes?

Please include your spouse's income, alimony, social security income, etc. Your family size includes yourself, your children and/or your spouse living with you.

Please place a check next to the annual **family** income for you & your family.

Family Size	Max.	Yes, family income = this amount or <u>less</u>	No, family income = <u>more</u> than this amount
1	\$ 21,660		
2	\$ 29,140		
3	\$ 36,620		
4	\$ 44,100		
5	\$ 51,580		
6	\$ 59,060		
7	\$ 66,540		
8	\$ 74,020		

Signature

Date

Phone# _____
(daytime)

_____ *(evening)*

The above signature certifies that the information provided to Tri County Project Care Inc., for the purpose of participation in the program is correct to the best of my knowledge and authorizes release of any information request in regard to certification.

Thank you for completing this survey. Your information will be kept confidential.
 Questions or comments? Call us at 843-388-9719.