CORNERSTONE CARE
COMMUNITY HEALTH CENTERS
"Foundation for a Healthy Future"

Cornerstone Care Focus Group Application

Date:	**County of Residence:**
Name:	**Date of Birth:**
Street Address:	**Home Telephone: ( ) -**
City:	**Cell Phone: ( ) -**
State: **Zip Code:**	**Email address:**
Marital Status: [ ] Single [ ] Married **[ ] Divorced [ ] Widower** **Sex: [ ] Male [ ] Female** **Head of Household: [ ] Yes [ ] No**	**Name of Primary Care Physician:_____** **Name of Regular Dentist:_____** **Pharmacy_____**
Homeless Status: [ ] Homeless [ ] Not Homeless **Primary Language: [ ] English [ ] Spanish** **[ ] Other, _____** **Number of adults residing in your household:_____** **Number of children ages newborn to 12 living in your household?** **_____** **Number of youth ages 13-20 living in your household?_____**	**Health Insurance Status:** **[ ] Medicaid** **[ ] Medicare** **[ ] Private Insurance** **[ ] Children covered by CHIP** **[ ] Uninsured** **[ ] Other,_____**
PATIENT RACE [ ] American Indian [ ] White [ ] Alaska Native [ ] Pacific Islander [ ] Native Hawaiian [ ] More than one race [ ] African American/Black [ ] Unsure of Race [ ] Asian [ ] Decline to Specify	**PATIENT ETHNICITY** [ ] Not Hispanic/Latino [ ] Hispanic/Latino

INCOME

Which of the following categories best describes the gross income reported on your last federal tax return?	
[ ] Less than $10,000	**[ ] $40,000 to $60,000**
[ ] $10,000 to $20,000	**[ ] $60,000 to $80,000**
[ ] $20,000 to $40,000	**[ ] over $80,000**

Are you or a member of your household currently a patient at one of Cornerstone Care's Community Health Centers? [ ] Yes [ ] No

Do you reside in public housing? [ ] Yes [ ] No

Are you a veteran? [ ] Yes [ ] No

Are you disabled? [ ] Yes [ ] No

Nature of disability:_____

Migrant worker? [ ] Yes [ ] No

Primary Language:_____

You are not required to be a patient of Cornerstone Care to participate in the Focus Group. All information collected on this form will be kept confidential.

If you have any questions or for more information, contact Donna at (724) 852-1001 ext. 306