

Services available for registered patients on site by appointment:

- Primary Care
- Dermatology
- Diabetic Podiatry
- Diabetic Counseling
- Gynecology-Pelvic Exams
- Medication Assistance Program
- Orthopedic Screening and Referrals
- Optometry/Vision Care
- Referrals to Specialist

Free Clinic Off-Site Services Available for Registered Patients:

Imaging and Diagnostic Testing at
Mercy Health, Cleveland Clinic &
University Hospital Elyria Medical Center

Patients are seen by appointment only.

To Process Application:

Provide Proof of Income and Photo ID.



Patient-Centered Services

From Providing quality care to connecting patients to critical community resources and services, our patients and their needs are our highest priority.

Exceptional Care Team

Our volunteer medical team of respected, experienced physicians and nurses treat every patient with compassionate care.

Proud Community Partner

We pride ourselves on working with our community partners to provide collaborative, comprehensive services and resources to the community that we serve.



5040 Oberlin Avenue • Lorain, OH 44053
phone 440.277.6641 • fax 440.277.5160
www.lcfreeclinic.org



OUR MISSION

The Lorain County Free Clinic provides and facilitates access to quality health care to the underserved.

For more information please call
440-277-6641





LCFC PATIENT APPLICATION
PLEASE PROVIDE PROOF OF INCOME

OFFICE USE ONLY: N / R
DATE RECEIVED: _____
SCREENER: _____

PATIENT INFORMATION:

FULL NAME: _____ SSN: _____ - - SEX: M / F AGE: _____
 ADDRESS: _____ OWN / RENT / TEMP / NA DOB: _____ / /
 CITY: _____ ZIP CODE: _____ COUNTY: _____ RACE / ETHNICITY: _____
 CURRENT MARITAL STATUS: SINGLE / MARRIED / DIVORCED / WIDOWED / SEPARATED SPOUSE'S NAME: _____
 YEARS OF EDUCATION COMPLETED: _____ ARE YOU CURRENTLY IN SCHOOL: Y / N SCHOOL: _____

CONTACT INFORMATION:

PRIMARY LANGUAGE: _____ EMAIL: _____
 HOME: () CELL: () WORK: ()
 EMERGENCY CONTACT NAME _____ RELATION: _____ NUMBER: ()

ELIGIBILITY:

MEDICAID: Y / N MEDICARE: Y / N EVER SERVED IN THE MILITARY: Y / N HEALTH INSURANCE: Y / N
 HAVE YOU EVER BEEN ON WELFARE: Y / N DATE LAST RECEIVED: _____ / / REASON STOPPED: _____
 EVER SEEN AT THE FREE CLINIC: Y / N IF SO, WHEN: _____ / / REFERRED BY: _____
 HAVE YOU EVER BEEN A PATIENT AT LORAIN COUNTY HEALTH AND DENTISTRY? Y / N PREVIOUS DOCTOR: _____

INCOME: PLEASE COMPLETE!

EMPLOYED / UNEMPLOYED.
 ARE YOU RETIRED: Y / N
 SPOUSE EMPLOYED: Y / N
 SPOUSE RETIRED: Y / N
 TOTAL MONTHLY HOUSEHOLD INCOME: \$ _____ NUMBER IN HOUSEHOLD: _____
 OTHER HOUSEHOLD INCOME: \$ _____ / WEEK \$ _____ / MONTH \$ _____ / YEAR
 OCCUPATION: _____ EMPLOYER: _____ WAGE: \$ _____ HOURS: _____
 RETIRED FROM: _____ ARE YOU DISABLED: Y / N
 SPOUSE'S EMPLOYER: _____ WAGE: \$ _____ HOURS: _____
 FROM WHERE: _____ SPOUSE DISABLED: Y / N
 CHECKING ACCOUNT: Y / N
 SAVINGS ACCOUNT: Y / N

HOUSEHOLD INFORMATION:

| OTHER HOUSEHOLD MEMBER: | DOB: | SSN: | RELATIONSHIP: | EMPLOYER: | INCOME / YEAR: |
|-------------------------|------|------|---------------|-----------|----------------|
| | / / | - - | | | |
| | / / | - - | | | |
| | / / | - - | | | |
| | / / | - - | | | |

I NEED TO COME TO THE CLINIC FOR: _____
 I UNDERSTAND THAT THE ABOVE INFORMATION WILL BE VERIFIED. PLEASE SIGN AND DATE HERE: _____ / /