

## 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](http://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

**OCCUPATION:**

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