

--PLEASE PRINT LEGIBLY--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH— INDIAN HEALTH SERVICE
**INDIVIDUAL APPLICATION FOR
HEALTH CARE SERVICES**

PAO-21 REV. 5-84

I.H.S. OFFICE USE ONLY

ELIGIBILITY STATUS	2	3	4
DIRECT <input type="checkbox"/>	CHART #	TRIBE	RESERVATION
CONTRACT <input type="checkbox"/>	5	6	7
DENIED <input type="checkbox"/>	COMMUNITY	COUNTY	STATE
	8	9	10
	ROLL NUMBER	TRIBAL QUANTUM	TOTAL QUANTUM

11 NAME— LAST FIRST MIDDLE			12 SOCIAL SECURITY NUMBER		13 BIRTHDATE	14 SEX (M OR F)
15 MAILING ADDRESS—STREET		16 CITY	17 STATE	18 ZIP CODE	19 AREA PHONE	20 COUNTY
21 IF RESIDING ON A RESERVATION PLEASE GIVE NAME AND STATE					22 RESIDING ON TRUST LAND? (YES OR NO)	
23 PREVIOUS ADDRESS—STREET		24 CITY	25 STATE	26 ZIP CODE	27 COUNTY	28 DATE LEFT
29 TRIBE		30 HOME RESERVATION	31 BIRTHPLACE		32 YES NO	33 ROLL # IF KNOWN
34 TRIBAL BLOOD QUANTUM	35 TOTAL BLOOD QUANTUM	36 LIST MAIDEN NAME OR OTHER NAMES YOU HAVE USED			37 GIVE NAME OF HEAD OF HOUSEHOLD	
38 FATHER'S NAME			39 TRIBE		40 BIRTHPLACE	
41 MOTHER'S MAIDEN NAME			42 TRIBE		43 BIRTHPLACE	
44 IF FULL TIME STUDENT GIVE SCHOOL NAME AND CITY					45 DATE CLASSES BEGAN	

OTHER MEMBERS OF YOUR HOUSEHOLD	SEX M or F	RELATIONSHIP	BLOOD QUANTUM	TRIBE ENROLLED	BIRTH-PLACE	SOCIAL SECURITY NUMBER	IHS USE
46a	46b	46c	46d	46e	46f	46g	46h
47a	47b	47c	47d	47e	47f	47g	47h
48a	48b	48c	48d	48e	48f	48g	48h
49a	49b	49c	49d	49e	49f	49g	49h
50a	50b	50c	50d	50e	50f	50g	50h
51a	51b	51c	51d	51e	51f	51g	51h

IMPORTANT! PLEASE COMPLETE THIS SECTION IN FULL

ARE YOU EMPLOYED? ⁵² _____ IF SO, EMPLOYER NAME? ⁵³ _____

SPOUSE EMPLOYED? ⁵⁴ _____ IF SO, EMPLOYER NAME? ⁵⁵ _____

IF ARE YOU COVERED BY MEDICAL OR DENTAL INSURANCE? ⁵⁶ _____ IS SPOUSE? ⁵⁷ _____

LIST PERSONS COVERED BY YOU OR YOUR SPOUSE'S INSURANCE ⁵² _____

IF YOU HAVE HEALTH RECORDS AT OTHER IHS LOCATIONS, PLEASE LIST ⁵⁸ _____

INSURANCE AND OTHER COVERAGE		
TYPE OF COVERAGE	POLICY/ELIGIBILITY NUMBER	DATE ELIGIBILITY BEGAN
50 1 MEDICARE A OR AB (PLEASE CIRCLE)	50a	50b
50 2 MEDICAID	51a	51b
50 3 VETERANS ADMINISTRATION	52a	52b
50 4 PRIVATE COVERAGE PLEASE LIST	53a	53b

I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE IHS TO VERIFY THE ACCURACY OF THIS APPLICATION.

APPLICANT'S SIGNATURE _____

DATE _____