Name_____ DOB_____ MRN_____
      Last   First   MI

ICM: Mom's Name_____ DOB_____ Visit Date_____

Address_____ SSN_____

City_____ State_____ Zip+4_____ Home Phone_____

Language: ·English ·Spanish ·Other_____ Day Phone_____

Marital Status: · Divorced · Married ·Legally Separated · Single · Widow	Contact Preference ·Alternate Phone ·Home Phone ·Day Phone ·Mail ·Email ·Text Message ·Secondary Hm Phone
Student Status: · Full-time · Not a student · Part-time	
Smoker: · Yes · No	
Disabled/Handicapped: · Yes · No	Family Size: _____ Number < 18 _____
Immigrant/Refugee: · Yes · No	Household Status: · Individual · Two Parent · Single Female HOH · Single Male HOH
Employment Status: · Full-time · Part-time · Not Employed · Active Duty · · Self-employed	

Homeless Status: ·Doubling Up · Not Homeless ·Other ·Public Housing ·Shelter ·Street · Transitional	Migrant Worker Status: ·Migrant · Not a Farm Worker · Seasonal	Language Barrier: · Yes · No

Race: · American Indian or Alaska Native
       · Asian
       · Black/African American
       · More Than One Race
       · Native Hawaiian
       · Other Pacific Islander
       · Unreported/Refused
       · White
	Ethnicity:
	Do you consider yourself Hispanic or Latino?
	               · Yes · No
	           · Other or Unreported

Primary Medical Coverage: Medicaid? · Yes · No P1 #_____ Assigned to a plan? · Yes · No If yes, plan name _____	Veteran: · Yes · No

Responsible Party: Income _____   · Week   · Month   · Year

Emergency Contact: Name _____Phone _____

Marketing Plan:			Marketing Data: If an * item was chosen for Marketing Plan, note the specific source/place/provider
*Other YNHS Services	Radio	Farmers Market	_____
*YNHS @Community Outreach	Television	In Person Assister Referred	
*Other Community Provider	Newspaper	Movie Theater	
*Other Provider-Outside Yakima County		Family/Friends/Neighbors	

NPP Date:_____

Provider Signature _____

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