

Application for Clinical Services

(Revised Dec. 2018)

- We use a team approach to deliver health care, so clients are assigned to both a nurse practitioner and a doctor. You may only need to see a nurse practitioner, depending on your health needs.
- We prioritize people with barriers to accessing health care (such as language, cultural, or economic barriers) and people with complex chronic illnesses, including mental illness.
- We give priority to individuals who live within a specific geographic community (see map on back).
- We cannot provide services to visitors to Ontario or those here on student visas

Date: _____

Last name: _____ First name: _____

Home address: _____
(Apt. or Unit #) Street City

Please check here if I live in a shelter I am homeless Other (Please specify): _____

Telephone: Main phone #: _____ Secondary phone #: _____

Age: _____ Email: _____

What is your status in Canada? Canadian citizen Landed Immigrant Conventional Refugee
 Visitor or Student Visa (not eligible) No Status Other (Please specify): _____

If you were not born here, when did you arrive in Canada? _____

Do you require language interpretation services? No Yes - If yes, in which language? _____

Do you have health insurance? Ontario Health Card Interim Federal Health
 Out of Province Coverage I do not have health insurance

Do you currently have a family doctor? No Yes

Is someone in your family already a client of East End CHC? No Yes

Do you have any of the following? Check **ALL** that apply.

Chronic Illness Mental Illness Prefer not to answer
 Developmental Disability Physical Disability Do not know
 Drug or Alcohol Dependence Sensory Disability (such as hearing or vision loss) None
 Learning Disability Other: (Please specify): _____

Do any of your dependants have a condition(s) listed above? No Yes - If yes, specify: _____

What is your gender? Check **ONE** only.

Female Trans- Female to Male Other (Please specify): _____ Do not know
 Male Trans- Male to Female _____ Prefer not to answer
 Intersex Two-Spirit

If applicable, are you pregnant? No Yes - If yes, when is your due date? _____

Total Household Income: (✓ check one)	
Yearly income before tax	Per month
\$ 0 -14,999	\$1,249 or less
\$ 15,000 – \$19,999	\$1,250 – \$1,667
\$ 20,000 – \$24,999	\$1,668 – \$2,083
\$ 25,000 – \$29,999	\$2,084 – \$2,500
\$ 30,000 – \$34,999	\$2,501 – \$2,916
\$ 35,000 – \$39,999	\$2,917 – \$3,333
\$ 40,000 – \$59,999	\$3,334 – \$4,999
\$ 60,000 – \$89,999	\$5,000 – \$7,499
\$ 90,000 – \$119,999	\$7,500 – \$9,999
\$120,000 – \$149,999	\$10,000 – \$12,499
\$150,000 – or more	\$12,500 – or more
Do not know	
Prefer not to answer	

How many people live on this income? (give a number #)

_____ # of person(s)

(include yourself + any dependants, such as parents, children, etc.)

Is this income from social assistance?

No Yes

(such as ODSP, OW, EI, etc)

What is your highest level of education? (✓ check one)

Too young for school

Primary school (grade 1-8)

Secondary or equivalent (High School grade 9-12)

College

University Bachelor's

University Post-graduate

No formal education

Do not know

Prefer not to answer

Other: (Please specify):

Are other people in your household also seeking medical care? No Yes - If yes, please list them below.

1. Name:	Age:	3. Name:	Age:
2. Name:	Age:	4. Name:	Age:

Thank you for your interest in East End CHC!

Submit your completed application in person to reception at East End CHC, 1619 Queen Street East.

East End Community Health Centre provides priority access to people living *within* the yellow boundaries on this map:

- **Western boundary:**
Greenwood Avenue (South of Danforth Avenue) and Coxwell Avenue (North of Danforth Avenue)
- **Eastern boundary:**
Victoria Park Avenue
- **Northern boundary:**
O'Connor Drive to St. Clair Avenue
- **Southern boundary:**
Lake Ontario.

