



<b>Total Household Income:</b> (✓ 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 or more	\$5,000 or more
Don't know	
Prefer not to answer	

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

\_\_\_\_\_ 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)

Primary school (grade 1-8)

High school (grade 9-12)

Post-secondary

Too young for school

None

Do not know

Prefer not to answer

Other:

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

<b>1. Name:</b>	<b>Age:</b>	<b>3. Name:</b>	<b>Age:</b>
<b>2. Name:</b>	<b>Age:</b>	<b>4. Name:</b>	<b>Age:</b>

**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 serves the area within the black boundaries on this map:

