

## Application for Clinical Services

Date: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

- Clients will be assigned to a nurse practitioner or doctor as a primary provider. We use a team approach to deliver health care, so you will also be assigned a secondary provider, and you may see other providers for your urgent healthcare 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

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

### Home Address and Contact Information

Apt or Unit #	Street Address	City	Postal Code
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OR check if:  I live in a shelter  I am homeless  Other (please specify): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home telephone # \_\_\_\_\_ Mobile telephone # \_\_\_\_\_ Business telephone # \_\_\_\_\_

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?  Yes  No

Do you identify as a person with a disability?  Yes  No  Do not know

### If you wish, please specify the type of disability (Check ALL that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Alzheimer's Disease/Dementia                      | <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> None                 |
| <input type="checkbox"/> Autism Spectrum Disorder                          | <input type="checkbox"/> Mental Illness   | <input type="checkbox"/> Do not know          |
| <input type="checkbox"/> Chronic Illness (e.g. sickle cell, diabetes etc.) | <input type="checkbox"/> Physical Disability  | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Cognitive Disability                              | <input type="checkbox"/> Sensory Disability (e.g., low vision, blindness, deafness, hard of hearing etc.) |   |
| <input type="checkbox"/> Developmental Disability                          | <input type="checkbox"/> Other (please specify): _____  |   |
| <input type="checkbox"/> Drug or Alcohol Dependence                        |   |   |

### What is your current gender identity? (Check ALL that apply)

- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Woman   | <input type="checkbox"/> Nonbinary  | <input type="checkbox"/> Questioning or unsure      | <input type="checkbox"/> Do not know          |
| <input type="checkbox"/> Man   | <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Genderfluid or genderqueer | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Another gender identity (please specify): _____ |                                     |   |   |

Do you identify as transgender? Transgender is an umbrella term used to describe people whose gender identity or gender expression differs from the sex they were assigned at birth.

Yes  No  Do not know  Prefer not to answer

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

### What was your total family income before taxes last year?

Do not know

Yearly income before tax	Per month	Per hour
<input type="checkbox"/> \$0 – \$19,999	\$0 – 1667	\$0 – \$10.26/hr
<input type="checkbox"/> \$20,000 – \$39,999	\$1,668 – 3,333	\$10.26 – \$20.51/hr
<input type="checkbox"/> \$40,000 – \$59,999	\$3,334 – 4,999	\$20.51 – \$30.77/hr
<input type="checkbox"/> \$60,000 – \$79,999	\$5,000 – 6,667	\$30.77 - \$38.46/hr
<input type="checkbox"/> \$80,000 – \$119,999	\$6,667 – 9,999	\$38.46 – \$61.54/hr
<input type="checkbox"/> \$120,000 – \$149,999	\$10,000 – 12,499	\$61.54 – \$76.92/hr
<input type="checkbox"/> \$150,000 or more	\$12,500 or more	\$76.92 and up/hr

How many people does this income support? Include yourself + dependents such as parents, children, etc.

\_\_\_\_\_ Number of persons  Do not know

Is this income from social assistance? (ODSP, OW, EI, etc.)  Yes  No

**What is your current level of education?**

- No formal schooling
- Grade school (grade 1-8)
- Some high school, but did not graduate
- High school or high school equivalency certificate (grade 9-12)
- Completed Registered Apprenticeship or other trades certificate or diploma (or ongoing)
- College, CEGEP or other non-university certificate or diploma (or ongoing)
- Undergraduate degree or some university
- Postgraduate degree or professional designation (e.g., Master's, PhD, MD)
- Do not know

**Do you identify as First Nations, Métis and/or Inuk/Inuit?** (Check ALL that apply)

This question is about how you identify yourself (e.g. includes status or non-status)

- Yes, First Nations
- Yes, Inuk/Inuit
- Yes, Métis
- No
- Do not know

**Which of the following best describes your racial group?**

(Check ALL that apply, for example if you are multi-racial or mixed race)

- Not Applicable (e.g., **Identified as Indigenous**)
- Do not know
- White (e.g., European descent)
- Latin American (Hispanic or Latin American descent)
- Black (e.g., African, Afro-Canadian, Afro-Caribbean, Afro-Egyptian etc.)
- East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.)
- South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.)
- Middle Eastern, Arab or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)
- Other race/ethnic group (please specify): \_\_\_\_\_

**Is someone from your household already a client of East End CHC?**  Yes  No

If yes, Client name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Each member of your household 18 years or older must complete an individual application.**

**If you have dependent children under 18 in your household also seeking medical care, please list below:**

Name: \_\_\_\_\_ Date of birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

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**Do any of your dependants have a condition(s) listed on the previous page?**  Yes  No

If yes, specify: \_\_\_\_\_

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

Learn more about East End CHC at:  
[www.eastendchc.on.ca](http://www.eastendchc.on.ca)