



THE SHEPHERD'S TABLE EYE CLINIC ELIGIBILITY SCREENING FORM

Referring Agency _____ Caseworker/Screener _____

Agency's Address _____

Telephone _____ Ext: _____ DATE: ____/____/____

Name: _____

(Last) (First) (Middle)

Date of Birth ____/____/____ Social Security Number: ____-____-____

Current Address: _____

(number) (street)

Gender: Male Female

(city) (state) (zip code)

Telephone (home) _____ (Other) _____ Race: _____

Medical Insurance (MEDICARE) or Medical Assistance? _____ Disability: Yes No

Does your Medical insurance cover eye care? Yes No

Are you in a Manage Care Organization (MCO)? Yes No United Health Care Physician's Care Other

Have you had Cataract Surgery in the past? Yes No

Number of people in the Household, including yourself: _____ Female Headed Household? Yes No

Country of Origin: _____ Number of Months/Years in the US: ____ years ____ months

Household's Total Monthly Income: (every member's income, including wages and child support, unemployment compensation, workman's compensation, government benefits and retirement, etc.)

Source of Income: _____ Total \$: _____

I affirm that all information I provided is true and give permission for pertinent information and documentation to be released to the Shepherd's Table Eye Clinic.

Client Signature _____

To be completed by screener: Is client eligible? Yes No

The Referring Agency must fax verification of client's identity, county of residence and income unless specifically exempted.

Residence Income and Age Verified By:

- Any valid Identification from the Jurisdictions they come from
Passport and the last I-94
Copy of most recent Federal Income Tax Return
Pay stubs for the past month
Other Proof of Income (benefits award letter, etc.) List:
Confirmation of benefits should come from authorized government agencies or Non- Profit Organizations in their respective Jurisdictions:
Statement from shelter/soup kitchen confirming homelessness or indigence.

Comments: _____

Submit this form to:

The Shepherd's Table Eye Clinic
8106 Georgia Avenue, Suite 242, Silver Spring, MD 20910
Phone: 301-273-3696 or 301-585-6463 ext. 2, Fax: 301-585-4718