



## WEBSITE SCREENING INFORMATION

**This form is for informational purposes only. If you would like to be screened to become a patient at Grace Clinic, please call 509-735-2300. We will be happy to help you.**

**Grace Clinic operates as a Free Clinic and has limited resources. We are staffed mostly by volunteers and do not provide many of the services offered in a typical medical, dental or counseling office. Because of this, we do not treat the following conditions:**

- Chronic Pain
- New or Ongoing Cancer Treatment
- Blood Clotting Disorders
- Routine Pap Smears
- Hormonal Disorders
- Other conditions as determined by our medical provider(s)

*Additionally, we do not prescribe or dispense controlled substances or narcotics.*

**We also do not prescribe or dispense the following mental health medications: Ambien, Adderall, Lithium, Ritalin, Xanax, Valium or other medications similar to these.**

*If the patient is seeking any of the above services or medications, the patient is not eligible for services at Grace Clinic and should seek care at another facility.*

### **Cold / Flu / COVID-19 Screening:**

Grace Clinic is not testing or treating COVID-19. If you are experiencing COVID symptoms, please get tested as soon as possible. You can find a list of testing locations on the Benton Franklin Health District website:

[https://www.bfhd.wa.gov/programs\\_services/investigations\\_\\_\\_outbreaks/c\\_o\\_v\\_i\\_d-19/testing\\_sites](https://www.bfhd.wa.gov/programs_services/investigations___outbreaks/c_o_v_i_d-19/testing_sites)

After you have recovered from COVID-19 symptoms, please contact the clinic at 509-735-2300 to be screened to become a new patient.

**You must meet the following criteria to be eligible to be a Grace Clinic patient:**

#### **1. Are you living in one of these cities/towns on a permanent basis?**

Basin City	Finley	Mesa	Richland
Benton City	Highland	Pasco	West Pasco
Burbank	Kahlotus	Paterson	West Richland
Connell	Kennewick	Plymouth	Whitstran
Etopia	Kiona	Prosser	

***The patient must live in this area year-round. Long-term visitors are not eligible.***



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### 2. Do you have any type of medical, dental, vision or catastrophic care insurance?

Apple Health Plan  
Private

Indian Health Service  
Medicaid Coupon

Medicare  
Veterans Administration

Student Insurance

***If the patient has any of the above, s/he is not eligible for services. Please contact the clinic to discuss further.***

### 3. Is your need for care the result of an accident from an “on the job injury, one covered under a Labor and Industries claim, or any other third party coverage such as automobile or homeowner’s insurance?” Yes \_\_\_\_\_ No \_\_\_\_\_

***If the patient answered “yes,” please note that the patient cannot be seen for any health needs related to the injury.***

### 4. What is your current total household income for one month or year from all sources? (Household income includes: pay for work, child support, alimony, food stamps, cash assistance, Labor & Industry, unemployment & all other sources of income, etc.)

a. Total Household Income \_\_\_\_\_ Circle one: Monthly    Annually

b. Number of People Living in Your Home \_\_\_\_\_

c. How many children under the age of 18 live with you? \_\_\_\_\_

**Ages of minor children** \_\_\_\_\_

This table shows the current figures for 200% of Federal Poverty Level (subject to change).

Family Size	Gross Monthly Income	Gross Yearly Income
1	\$2,127	\$25,520
2	\$2,873	\$34,480
3	\$3,620	\$43,440
4	\$4,367	\$52,400
5	\$5,113	\$61,360
6	\$5,860	\$70,320
7	\$6,607	\$79,280
8	\$7,353	\$88,240

***If gross income exceeds the amount shown for your family size, the patient is not eligible for services.***

**If you would like to be screened to become a patient at Grace Clinic or if you have any questions, please call 509-735-2300. We will be happy to help you.**