



INFORMATION FOR NEW PATIENTS

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

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	\$2,147	\$25,760
2	\$2,903	\$34,840
3	\$3,660	\$43,920
4	\$4,417	\$53,000
5	\$5,173	\$62,080
6	\$5,930	\$71,160
7	\$6,687	\$80,240
8	\$7,443	\$89,320

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.