RAWLINS COUNTY
Dental Clinic
NORTHWEST KANSAS OUTREACH

Rawlins County Dental Clinic
515 State St
Atwood, KS 67730

Today's Date_____
*Please fill this form out in its entirety.
If you need assistance, please ask!

Patients Legal Name: _____ **Birthdate:** _____
First Middle Int Last

Preferred Name: _____ Gender at Birth: _____ Male _____ Female

Physical Address: _____ City: _____ State ___ Zip _____

Phone: _____ Cell: _____ Send me text reminders ☐

Email: _____ Send me email reminders ☐

Primary Insurance: _____ **Policy Number** _____

Insured if someone other than the patient: _____
First Middle Int Last

Insured's Birthdate: _____ **Insured's SSN:** _____

Insured's employer: _____
Name City

Marital Status: ____ Married _____ Single _____ Divorced/ Separated _____ Widowed _____ Life Partner

Primary Language: _____ English _____ Spanish _____ Sign language ____ Other _____

Housing Status: ____ Single Family ____ Multiple Family ____ Homeless ____ Public Housing ____ Senior Housing

Race: (choose all that apply) ____ Caucasion ____ White ____ Asian ____ African American ____ Native Hawaaian
_____ Pacific Islander _____ American Indian or Alaskan Native _____ Other _____

Ethnicity: _____ Hispanic or Latino _____ Non-Hispanic or Latino

Sexual Orientation: _____ Heterosexual _____ Homosexual ____ Bisexual _____ Something else ___ Don't know

Gender Identity: _____ Male ____ Female ____ Transgender Male ____ Transgender Female ____ Other _____

Have you ever served in the military: _____ Yes _____ No

Household Size & Income- Find the correct number of people in your household and circle the range of annual income from all sources that support your household: (household definition: Anyone living in the same house, related by blood or marriage. Includes adopted child(ren) and foster child(ren).

1 person	2 people	3 people	4 people	5 people
$0-12,060	$0-16,240	$0-20,420	$0-24,600	$0-28,780
$12,061-18090	$16,241-24,360	$20,421-30,630	$24,601-36,900	$28,781-43,170
$18091-21,105	$24,361-28,420	$30,631-35,735	$36,901-43,050	$43,171-50,365
$21,106-24,120	$28,421-32,480	$35,736-40,840	$43,051-49,200	$50,366-57,560
$24,121 and over	$32,481 and over	$40,841 and over	$49,201 and over	$57,561 and over

6 people	7 people	8 people
$0-32,960	$0-37,140	$0-41,320
$32,961-49,440	$37,141-55,710	$41,321-61,980
$49,441-57,680	$55,711-64,995	$61,981-72,310
$57,681-65,920	$64,996-74,280	$72,311-82,640
$65,921 and over	$74,281 and over	$82,641 and over

Please note- All income information is kept strictly confidential and is needed for reporting purposes. You have the right to refuse to report income.
____ Refuse to report
We do have a Sliding Fee Discount program that is based on household size and income. Proof of income is **required** with application.

I would like additional information regarding the Sliding Fee Discount Program _____Yes _____ No