

Los Angeles American Indian Health Project
CHIP Program Questionnaire
Noemi Quintero-Patient Benefits Coordinator 213-202-3970 ext 7149

Client _____ DOB _____ Today's Date _____

Telephone Number _____

Check One

1. Are you between the ages of 19-64 without minor children in your household?
 - a. **If Yes, Please ask your case manager about HEALTHY WAY LA or our clinic health care services- STOP HERE**
 - b. **If No, Please proceed**

2. If you are under 19 years old, do you have health insurance?
 - a. Yes _____
 - b. No _____
 - c. N/A _____

3. Are there any minor children younger than 18 year's old living in household without health insurance?
 - a. Yes _____
 - b. No _____

4. Were you recently denied or lost any type of health insurance?
 - a. Yes _____
 - b. No _____

