

UNINSURED QUESTIONNAIRE
STATE OF MARYLAND REGISTRATION FORM

Referral Date: ____/____/____

Consumer Demographics:

Last Name: _____ First Name: _____

Middle Name: _____ Gender: Female Male UNK

DOB: ____/____/____ SSN: ____/____/____ No SSN UNK SSN

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Section 1:

Does/Has the Consumer

- Yes No 1. Require Treatment for covered mental health diagnosis
- Yes No 2. Have a verifiable Social Security Number
- Yes No 3. Applied for Medical Assistance (MA), Social Security Insurance (SSI) or Social Security Disability Insurance (SSDI) if they have an illness/disability for a period of 12 months or more (or are expected to have an illness/disability for a period of 12 months or more).
- Yes No 4. Meet the Citizenship requirements
- Yes No 5. Meet the residency of Maryland requirements

Section 2:

Does/has/is the Consumer:

- Yes No 1. Meet the financial criteria
- Yes No 2. Received services in the PMHS in the past 2 years

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- Yes No 3. Receiving SSDI for mental health reasons
- Yes No 4. Homeless in the State of Maryland
- Yes No 5. Been released from Prison, jail or a Department of Corrections facility within the last 3 months
- Yes No 6. Been discharged from a Maryland-based psychiatric hospital within the last 3 months
- Yes No 7. Receiving services as required by an order of a Conditional Release

Section 3:

- Yes No 1. Is this consumer a Veteran?
If yes, which war is the consumer a veteran of? (If more than one, note most recent.)
 - Afghanistan Iraq Other

Section 4:

Does/Has/Is the Consumer:

- Yes No 1. A Medicare Beneficiary and Medicare does not cover this service and the individual does not have other insurance to cover this service
- Yes No 2. Commercial mental health insurance benefits are exhausted

Which of the following programs has the consumer applied for:

- Yes No 3. Medical Assistance
- Yes No 4. Social Security Insurance (SSI)
- Yes No 5. Social Security Disability Insurance (SSDI)
- Yes No 6. Employed Individual with Disabilities (EID)