**Registration Checklist**

* Complete/update a **PDCS & HIPAA**  form.
* Obtain **proof of residency for programs that require (Health Department) residency. (AH, BCCCP, CH & MH)**
* **Proof of income-** Gross income (before taxes) is requested from **all** clients. FP clients can “self-declare”.
* **Insurance, Medicaid or Medicare** Card (If **FP** or **STD** visit, ask client **“Is it Ok to Bill Third Party?**-If no, use “**Do Not Bill Ins FP/STD**” stamp. ***Verify coverage****. If system shows “not eligible”, let the client know we will bill their insurance but if the insurance does not cover the visit, the client will be sent a bill based on their percent pay the date of the visit.*

*< \*Medicaid does not cover Adult Nutrition Services,* ***except for Diabetes Self Mgmt Classes****. One on one nutritionist visits is NOT covered.>* ***\*\*Effective July 1, 2018, self- pay clients can be seen for NUTRITION services at NO CHARGE, regardless of county residency. We will continue to file insurance. We DO NOT have to assess income for NUTR clients until further notice from TG.***

* **ID – If no ID is available** 1) Enter client’s name as he/she states it. 2) Make a note in the comments section in the Patient Details tab that ID was requested and reason no ID was obtained, date/initial (Ex: Client states does not have ID, lost ID, etc./6-12-18/JO) ***An ID is required before the medical record name change can be made.***
* For Family Planning and STD visits, when applicable, have client sign “**Smiley**” consent. **All** clients presenting for **pregnancy test**, should be asked about being a “Smiley”. (Applies to any age FP or STD client.)
* Enter/update client **demographics** (Including: **SS#** or **ITIN #**, Country of Origin, Preferred language, Parent/Guardian name if under 18 & Emergency Contact name/phone.)
* Add **flag** when the client: is a **Smiley**, needs an **Interpreter**, is a **ROB** pt. If the client request to “no mail”, check the box beside “No Snail Mail” on the Patient tab in (add your vendor)
* Determine **Economic Unit** and enter financial information into system. *Any client that doesn’t bring proof of income at time of visit; will be entered as 100% payable*. Client’s being seen for STD and /or FP should be informed that if their visit crosses over to another program, and there is no proof of income, charges will be accessed at 100%. **Inform client of percent payable.**
* **Collect co-pay/payment if applicable.**

**Economic Unit**: A family is defined as a group of related or non-related individuals who are living together as **one economic** **unit**. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. **An economic unit must have its own source of income**. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group supports only their unit

**Does the client’s income cover outgoing expenses or is someone else providing basic necessities for the client.**

A **pregnant woman** is counted as two (2) in determining a family size unless it is in conflict with the client cultural, religious, and/or beliefs. **Foster child** is counted as household of one. **Incarcerated,** in an **institution** or **homeless shelter-family** of **one**

***A family planning client requesting confidential services (a Smiley) is considered a household of one.***

**MHI-1 Appointment** – Fill out Presumptive forms and send to DSS. (See the registration procedures notebook)

* **Scan** and **link documents** then give back to client
* Tell client **% payable**
* Get **client signature/your signature** **/Interpreter’s Signature (if applicable) on Declaration of Income**
* Take client **photo,** unless client objects.
* Collect **AH Fee** or **co-pay** or **flat fee**, if applicable. **Give receipt**
* Fill out **encounter form**, add label. (Stamp **PAID AH FEE**, write **Paid** for *flat fee services* or stamp **Don’t Bill INS for FP/STD,** if applicable**)**
* Enter/update the **NCIR** or enter new clients. *Mother’s maiden name and demographics are especially important.*
* **S**elect “**check-in**” on the dashboard or calendar
* **Page Provider** and **interpreter** (if needed)/**Appt. time**, place chart in designated box.

***In general, gross income includes:***

1. **Salaries, wages, commissions, fees, tips, overtime pay**
2. Earnings from self-employment (Net income after business expenses)
3. Investment income, stocks, bonds savings account interest
4. Periodic trust fund payments
5. Unemployment compensation
6. Alimony
7. Child support ***(cannot count for Family Planning)***
8. Military allotments including re-enlistment bonuses, jump pay, uniform allowance, and cash allowances such as Family Subsistence Supplemental Allowance (FSSA).
9. Social Security benefits
10. Supplemental Security Income (**SSI**)
11. Veteran’s Administration benefits
12. Retirement and pension payments (**1099-R forms**)
13. Workers Compensation
14. Child Support (except for FP)
15. Education stipends (Payment for services rendered)
16. All other sources of **cash** income except those specifically excluded.
17. **Regular monetary contributions from individuals not living in the household.**
18. Prize winnings, Christmas bonuses.
19. Income Verification Letter
20. Stipends (payment for services rendered)

***Exceptions:* Gross Family income does not include except those non-cash income or payment/benefits from federal programs/acts including.**

1. Military housing benefits (on base or off base)
2. Value of in-kind benefits
3. Reimbursement from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970
4. Payment to volunteers under Title I (VISTA) and Title II (RSVP), foster grandparents, and others of Domestic Volunteer Service Act of 1973
5. **Payment under the Low Income Energy Assistance Act**
6. Student financial assistance/Scholarships (payment for tuition, books, other school related items/services)
7. Value of any child care payments made under section 402(g)(1)(E) Social Security Act
8. Value of food/clothing from non-resident (food bank, church, other charitable organization, relative or friend)
9. **Assistance to child or families for Free Lunch and Food Stamps**
10. VA Disability Benefits (Added 2-3-17)
11. Payments received under the Job Training Partnership Act

**Computing Income**: Use **Gross** Income or for **self-employed income after business expenses**.

**Weekly** = pay x 52, **Biweekly** = pay x 26, **Twice a month** = pay x 24

**Continuously employed** (worked that last 12 months) can use the regular formula.

If the client is **not employed or has changed jobs in the last 12 months**, use the **Irregular Income Formula** or **Six Month Formula**.

**Unemployed today** = last 6 months income + projected unemployment (if applicable) or zero if client wont’ receive unemployment. If no unemployment compensation – ask how the client is going to support themselves.

**Employed today but unemployed last 6 months** – Did the client receive unemployment the last 6 months? In no, record as zero and then project 6 months forward at current income. This will give you income for the client for a 12 month period.

If a client states they have **no income or a very low income**:

Ask the client if they have worked in the last year? If yes, when was their last day? Refer to Six Month Formula

Ask what the client pays for: shelter, rent, food, etc. Compare HH income to the Sliding Fee Scale to see in income at or below federal poverty. Is there more money going out than coming in? **Use the Expense Worksheet and scan into EMR**

*If someone* ***outside*** *the home is providing food, clothing or* ***if pays utilities directly to utility company*** *etc., make a note* ***but don’t count as income****. (****If the money is given to the client, to in turn pay their bills, you count as income****. (Refer to # 17 & 18)*