



Our mission is to facilitate access to health care for all, with a focus on the needs of uninsured persons. The Ithaca Health Alliance, Inc. is 501 (c)(3) charitable organization.

Ithaca Free Clinic – Registration Information

MR# _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth _____ Age _____ Sex _____ How do you prefer to be addressed? _____

Address: (Street) _____ (Apt. #) _____

(Town or City) _____ (State) _____ (Zip Code) _____

If Ithaca, please indicate City or Town: City _____ Town _____

Mailing Address: (if different from home address):

(Street or P.O. Box) _____ (Apt. #) _____

(Town or City) _____ (State) _____ (Zip Code) _____

If no permanent address, do you consider yourself homeless: Yes _____ No _____ In Shelter _____

Home Telephone: _____ Cell Phone: _____

E Mail: (used only for essential updates) _____

Relationship Status: Single/Spouse/Partner/Significant Other (Or Describe) _____

Number of People in Household: Adults _____ Children _____

Employed _____ Employer: _____ Occupation: _____

Unemployed _____ Student _____ Retired: _____

Health Insurance Status: Have coverage _____ No Coverage _____

Type of Insurance: Private/Third Party _____ Medicare _____ Medicaid _____

Name of Insurance Carrier: _____

Name of Emergency Contact: _____ Relationship: _____

Emergency Telephone: _____

Primary Language: _____ Secondary Language: _____

Signature: _____

Date: _____

How did you hear about the Ithaca Free Clinic? Website ___ Flyer ___ IFC Staff ___ Word of Mouth ___

Referral by Agency ___ Referral by Health Care Provider ___ Walk by ___ Other _____

Donations are always appreciated, but not necessary.