



## **Bridges to Care**

**Access to Healthcare for the Uninsured**

Thank you for your interest in Bridges to Care. Bridges to Care links uninsured residents of Davidson County to a network of primary health care clinics that serve patients based on their ability to pay. Through Bridges to Care, you can find a clinic that is best for you based on location, hours, language, and charges. We also provide information on specialty care, state sponsored health insurance, mental health and substance abuse care, prescription medicines, and transportation. Our goal is to ensure that you have the necessary information to make a smart decision about your health.

To be eligible for Bridges to Care, you must:

- **Be uninsured (no form of health insurance)**
- **Live in Nashville/Davidson County**

To sign up for Bridges to Care, you can:

- **Fill out the attached application** and leave it with the person who provided the packet to you. Or you can mail it to Bridges to Care at 311 23<sup>rd</sup> Ave North, Room 117, Nashville, TN 37203 or fax it to 340-0483. You can also drop it off at any Metro Public Health Department location.
- **Choose a medical home** by having a conversation with a Bridges to Care staff person at Lentz Public Health Center, 311 23<sup>rd</sup> Avenue North, Nashville, TN 37203, Room 117. You may choose a provider based on location, hours, or language needs; or
- You can register in Bridges to Care at <http://btc.nashville.gov>

**For more information or to speak to a staff person please call 340-0573 or visit <http://btc.nashville.gov>**

\*Bridges to Care is not insurance and does not pay medical bills



### Application

Instructions: The following information is required for registration in Bridges to Care. Please complete each item and if you need help, we're happy to assist.

Name:		First	Middle Initial	Last
Mother's Maiden Name		Parent/Guardian's Name (If patient is a minor)		
Current Address	APT #	City	County	Zip Code
Mailing Address (if different from above)	APT #	City	County	Zip Code
Phone Number ( )	Phone number and name of emergency contact ( ) Name:			
Birth date month, day, and year	Sex	Age	Homeless? YES NO	
Race (Circle One) Black White Asian Native American Pacific Islander	Do you speak English? YES NO		Hispanic? YES NO	
Primary Language	Do you speak English? YES NO		Can you read and write English? YES NO	
Years Lived in Nashville	Country of Origin		Last Grade Completed	
<i>The following information is required to determine eligibility for certain medical and dental services.</i>				
Social Security Number	# in family	Hours worked per week		
Family Status (check marital status and children's ages if any) Married <input type="checkbox"/> Single <input type="checkbox"/> No Children <input type="checkbox"/> Children under 6 years <input type="checkbox"/> Children over 6 years <input type="checkbox"/>				
How did you hear about Bridges to Care? TV commercial <input type="checkbox"/> BTC staff member <input type="checkbox"/> Read a sign <input type="checkbox"/> Community fair <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/>				

If you have children in your household for which you are the parent or guardian, please supply information about each child on the reverse of this form.

You may return this form to any Health Department location in Davidson County or mail it to: 311 23<sup>rd</sup> Ave. North, Room 117, Nashville, TN 37203 or fax it to 615-340-0483.

If you have any questions please call 340-0573. Thank you for enrolling in Bridges to Care

Please provide information for each child in your family household.

<b>1<sup>st</sup> Child</b>			
Name:	First	Middle Initial	Last
Birth date	Sex	Age	
month, day, and year			
Race (Circle One)			Hispanic?
Black	White	Asian	Native American
Pacific Islander			YES NO
Primary Language	Does your child speak English?		Can your child read and write English?
	YES	NO	YES NO
Social Security Number	Last Grade Completed		
<b>2<sup>nd</sup> Child</b>			
Name:	First	Middle Initial	Last
Birth date	Sex	Age	
month, day, and year			
Race (Circle One)			Hispanic?
Black	White	Asian	Native American
Pacific Islander			YES NO
Primary Language	Does your child speak English?		Can your child read and write English?
	YES	NO	YES NO
Social Security Number	Last Grade Completed		
<b>3<sup>rd</sup> Child</b>			
Name:	First	Middle Initial	Last
Birth date	Sex	Age	
month, day, and year			
Race (Circle One)			Hispanic?
Black	White	Asian	Native American
Pacific Islander			YES NO
Primary Language	Does your child speak English?		Can your child read and write English?
	YES	NO	YES NO
Social Security Number	Last Grade Completed		

4 <sup>th</sup> child			
Name:	First	Middle Initial	Last
Birth date	Sex	Age	
month, day, and year			
Race (Circle One)			Hispanic?
Black	White	Asian	Native American
			Pacific Islander
			YES NO
Primary Language	Does your child speak English?		Can your child read and write English?
		YES NO	YES NO
Social Security Number	Last Grade Completed		
5 <sup>th</sup> child			
Name:	First	Middle Initial	Last
Birth date	Sex	Age	
month, day, and year			
Race (Circle One)			Hispanic?
Black	White	Asian	Native American
			Pacific Islander
			YES NO
Primary Language	Does your child speak English?		Can your child read and write English?
		YES NO	YES NO
Social Security Number	Last Grade Completed		
6 <sup>th</sup> child			
Name:	First	Middle Initial	Last
Birth date	Sex	Age	
month, day, and year			
Race (Circle One)			Hispanic?
Black	White	Asian	Native American
			Pacific Islander
			YES NO
Primary Language	Does your child speak English?		Can your child read and write English?
		YES NO	YES NO
Social Security Number	Last Grade Completed		

If you need more space, please use the back of the application form and clearly label the information about your child.