

Health Insurance and Access to Health Care

Assessment Date: _____

Do you have Health Insurance ____ Yes ____ No

If yes, type (e.g. S-Chip, Medicaid, Medicare, Private, ACA) _____

Did you lose your insurance because of the disaster?

Self-reported identified need(s)

- Medication Y/N
- Durable Medical Equipment (e.g. wheelchair, cane) Y/N
 - Type: _____
- Referral to clinic Y/N
- Other _____

Call 911 _____