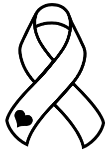

Member Application Form

Shepherd Wellness Community
4800 Sciota Street
Pittsburgh, Pennsylvania 15224

To become a member of the Shepherd Wellness Community, please complete this form.
The following information is required by our funding sources. This information is confidential and will only be seen by a limited number of SWC staff. Your information is protected to the full extent of the HIV Confidentiality Law of the State of Pennsylvania, commonly known as "Act 148".

Today's Date: ____ **Date of Birth:** ___/____/_________

Last Name: ____________________________________ **First Name:** ____________________ **Middle Initial:** _______

Street Address: ____**City**:____

County: ____ **State:** _________ **Zip Code:** ______________________

Contact Telephone: ______-_____-__________
May we call or leave a message at this number? ❒ Yes ❒ No

Email Address: ____

Gender: ❒ Male ❒ Female ❒ Transgender M to F ❒ Transgender F to M

Race *(choose the group or groups that you identify with most closely):*
❒ African American ❒ American Indian/Alaska Native ❒ Asian ❒Hawaiian Native/Pacific Islander ❒ White

Are you of Hispanic origin? ❒ No ❒ Yes
❍ Mexican, Mexican/American, Chicano/a ❍ Puerto Rican ❍ Cuban ❍ Other

What is your HIV status? ❒ HIV positive (Non-AIDS) ❒ HIV positive (AIDS status unknown)
Diagnosis date (mm/yy): _____
❒ CDC-defined AIDS **Diagnosis date (mm/yy):** _____

Source of HIV infection: ❒ Male who had sex with Male(s) ❒ Injecting drug use ❒ Heterosexual contact
❒ Hemophilia/coagulation disorder ❒ Receipt of Blood Transfusion ❒ Perinatal Transmission ❒ Not reported

Primary Insurance: ❒ Private–Individual ❒ Private–Employer ❒ Medicare Part A/B ❒ Medicare Part D ❒ IHS
❒ Medicaid ❒ VA or Other Military Insurance ❒ Other ❒ No Insurance

Was your health insurance purchased through the Affordable Care Act (ACA) marketplace? ❒ Yes ❒ No

Who is your primary health care provider or doctor?
❒ PACT ❒ Positive Health Clinic ❒ Allies ❒ Central Outreach ❒ None ❒ Emergency room
❒ Private practice ____ ❒ Other _________________________________

Your living arrangement: ❒ Stable/Permanent ❒ Unstable ❒ Temporary ❒ Homeless ❒ Unknown

Number of people living in your household: ______
Do you have biological or legally adopted children living with you? ❒Yes ❒No

If "Yes", list their names and birthdates: ____

Yearly Income: ❒ $0-$2400 ❒ $2401-$4800 ❒ $4801-$7200 ❒ $7201-$9600 ❒ $9601-$12,000 ❒ over $12,000

I CONSENT TO RECEIVE RYAN WHITE FUNDED SERVICES FROM SWC

Signature ____ **Date** _____/_____/__________________

Updated 3/1/2019