



Hospital Discounted Care Screening Questionnaire

What is your preferred method of contact?	
Are you currently experiencing homelessness?	
Are you a resident of or currently living in Colorado?	
Are you currently pregnant?	
Is anyone in your household under 19 years old?	
Do you have a disability?	
Do you receive federal disability income?	
Are you uninsured (or are you about to lose your health insurance)?	
Have you ever been covered under Medicaid or CHP+?	
If so, do you have or know your ID number?	
Do you have an unexpired Colorado Indigent Care Program rating?	
How many people live in your household, including yourself?	
Do you have any income? If so, about how much money do you receive each month?	
Is anyone in your household pregnant right now? If so, how many babies are expected?	
Do you have any additional household members to add to this preliminary screening?	