

8. Have you *talked* to your student about services available at the school based clinic?
 Yes No, why: _____
9. Have you *encouraged* your student to use services available at the school based clinic?
 Yes No, why: _____
10. How can school based clinics serve *male* students better?

11. How can school based clinics serve *female* students better?

12. How can school based clinics serve *parents/guardians* better?

13. Does your student have health insurance?
 Yes No
14. If school based clinics offered a service to help you get health insurance, would you be interested?
 Yes No
15. Do you have any other comments/suggestions for improving school based clinic services?

Thank you for taking the time to complete this survey!

Please submit this completed survey to the school based clinic in your school.

For reasonable accommodations or alternative formats please contact the Minneapolis Health Department at 612-673-2301 or email health@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.

TTY users call 612-673-2157 or 612-673-2626.

Para asistencia 612-673-2700 - Rau kev pab 612-673-2800

Hadii aad Caawimaad u baahantahay 612-673-3500.

Student Info * required

- *Last Name: _____
- *First Name: _____
- Preferred Name: _____ *Student ID: _____
- *Social Security #: _____ *Birth Date: _____
- *Sex you were born as: Male Female
- *Gender identity: Male Female Gender non-conforming
- *Street Address: _____
- *City: _____ Zip: _____
- *Language Spoken at Home: _____
- *Race: *please choose one*
 American Indian Asian Black White
- *Ethnicity:
 Hispanic/Latino Hmong Multi-racial Non-Hispanic/Latino
 Somali Other African Other: _____
- *Were you born in the USA? Yes No
- *Student Phone: _____ Cell Other
- Student Email: _____
- *School: Longfellow Edison Henry
 Roosevelt South Southwest Washburn

Current Clinic: _____

Current Doctor: _____

Parent Info

- Name(s): _____
 Parent Guardian Relative: _____
- Parent Phone: _____ Cell Home Work

Insurance

Services are provided at low or no cost to families whether or not a student has insurance. Insurance is billed whenever possible to help cover the costs of care. We may send a bill for mental health service co-pays if student has private insurance.

Please choose one

- Don't know insurance info No insurance

Medical Assistance/Public Health Insurance

- State of Minnesota Blue Cross UCare MHP

*Policy Number: _____

Private Health Insurance

- BlueCross/BlueShield Health Partners Medica Portico

- Preferred One UCare Other: _____

*Group Number _____ Policy Number: _____

*Policy Holder Name: _____

*Policy Holder Date of Birth: _____

Policy Holder Social Security Number: _____

Signature required on back ➔

