# BLACKFEET TRIBAL BEHAVIORAL HEALTH (BTBH)

# APPLICATION FOR SERVICES



**Blackfeet Tribal Behavioral Health**
**#12 Starr School Road, Browning, MT 59417**
**P: (406)338-2160 / F: (406)338-2006**

***Adopted 7/30/24***

# Blackfeet Tribal Behavioral Health (BTBH)
# Patient Registration Form

## Patient Information

| First Name | Middle Initial | Last Name |
|---|---|---|
| | | |

| Address | State | Zip |
|---|---|---|
| | | |

| Date of Birth | Preferred Name |
|---|---|
| | |
| **Gender** | **Social Security #** |
| | |

**Are you unhoused?** YES ◯ NO ◯

**Do you have a vehicle for Transportation?** YES ◯ NO ◯

**Is this an Application for Services for an Adult or Adolescent?**

ADULT ◯ ADOLESCENT ◯

**Do you have access to the Internet?** YES ◯ NO ◯

**If yes, Where?** ***(Please circle)***

Home / Work / School / Clinic / Library / Community Center

☐ ☐ ☐ ☐ ☐ ☐

Other _____

*If your software will not let you un-check that is okay - specify in other

## Patient Family Information

| Mother's Maiden Name | Marital Status |
|---|---|
| | |
| **Father's Name** | |
| | |

| If the Patient is a minor, list the name of the Parent/Legal Guardian. *(Attach Legal document indicating custody or Guardianship, if applicable)* | Relationship to Patient |
|---|---|
| | |

| Emergency Contact Name | Address | Phone |
|---|---|---|
| | | |

## Contact Information

| Mobile Phone | Email |
|---|---|
| | |
| **Home Phone** | **Use this email to send appointment reminders.** YES ◯ NO ◯ |
| | |
| **Work Phone** | **Preferred Method of Communication** |
| | ◯ Mail ◯ Mobile ◯ Home |
| | ◯ Email ◯ Work ◯ Other _____ |

## Patient Demographic Information

**Ethnicity**

◯ Latino or Hispanic

◯ Not Hispanic or Latino

◯ Unknown

**Race**

◯ American Indian/Alaskan Native ◯ Asian ◯ African American

◯ Hispanic/Latino ◯ Native Hawaiian or Pacific Islander

◯ Caucasian ◯ Other _____



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## Patient Demographic Information (Continued)

| | |
|---|---|
| **An enrolled member of a Federally Recognized Tribe?** YES ◯ NO ◯ | **Name of Tribe** |
| **Tribal Enrollment #** | **If not enrolled, are you a descendant of a Federally Recognized Tribe? YES ◯ NO ◯** |
| **Religious Preference** | **Are you currently employed? YES ◯ NO ◯** |
| **Employer Name, Address, Phone** | **Highest level of Education Achieved** ◯ GED/HISET ◯ H.S. Diploma ◯ Some College ◯ Completed College |
| **Employment Status** ◯ Full-time ◯ Part-Time ◯ Seasonal ◯ Other | **Are you a U.S. Veteran? YES ◯ NO ◯** **Do you have V.A. Benefits? YES ◯ NO ◯** |

## Payment/Financial Information *(If you depend on another party's Insurance plan, please provide a copy of the card).*

| | |
|---|---|
| **Do you have Health Insurance?** YES ◯ NO ◯ **Full Name and D.O.B. of Insurance Card Holder:** | **What type of Insurance?** ☐ Medical ☐ Dental ☐ Vision ☐ Medicaid ☐ Medicare ☐ Blue Cross/BlueShield ☐ Private ☐ Healthy Montana Kids ☐ Other _____ |
| **If you do not have any insurance, are you interested in a sliding fee scale? YES ◯ NO ◯** | **If yes, please provide the following income information.** **# in Family** _____ **Monthly Income $** _____ **Or Annual Income $** _____ |

**Release of Information/Assignment of Benefits:** By completing this application, I authorize **Blackfeet Tribal Behavioral Health (BTBH)** permission to release any information regarding my care to my insurance representative.

## Applicant Signature

| | |
|---|---|
| **Applicant** | **Parent/Legal Guardian (If Applicable)** |
| **Date** | **Current Phone #** |

**PRIVACY ACT OF 1974:** I understand that my Protected Health Information (PHI), either provided by me or collected by Blackfeet Tribal Behavioral Health for my care, shall not be disclosed to any other individuals or agencies without my written consent. Furthermore, under this act, my three primary rights are to ***(1)*** Request records subject to exemptions, ***(2)*** Request changes to records if they are inaccurate, irrelevant, untimely, or incomplete, and ***(3)*** Protection from unwarranted invasions of privacy: This includes the collection, maintenance, use, and disclosure of personal information.

** BTBH staff will complete this portion of the application.

Application received on _____

By _____ Date _____



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