

New Member Survey

Thank you for being a McLaren Health Plan member. It's our mission to be your partner when it comes to your health and wellness. One of the first things we ask you to do is complete this survey. We can better assist you with your health care needs if you tell us how to help you.

Here's how you can fill out this survey:

- Complete this form and mail it to us in the enclosed postage-paid envelope.
- Go to www.McLarenHealthPlan.org/mhp/member-survey-mhp.aspx and complete the survey online.
- Use your mobile phone's camera to click the QR code above and complete the survey from your phone.

Completing this survey will not negatively affect any services or benefits you receive. Your answers may be used to help address your identified needs. Please call Customer Service at 888-327-0671 (TTY: 711) if you have any questions. Thank you!

Name: _____ Member ID: _____

Date of Birth: _____ Gender: _____

Phone: _____ Mobile: _____

Address: _____

City: _____ State: _____ Zip: _____

Current Primary Care Physician: _____ Preferred Language: _____

Which of the following best describes you?

- | | |
|--|---|
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multiracial or Biracial |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> A race/ethnicity not listed here |
| <input type="checkbox"/> Native American or Alaskan Native | |

Did anxiety keep you from doing your usual activities in the past 30 days, like work, school or a hobby? ☐ YES ☐ NO

Did depression keep you from doing your usual activities in the past 30 days, like work, school or a hobby? ☐ YES ☐ NO

Was there a time when you needed to see a doctor in the past three months but could not because it cost too much?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>		
Have you had to eat less than you feel you should in the past three months because there is not enough food?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>		
Is it hard to find work or another source of income to meet your basic needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>		
Are you worried you may not have housing in the next few months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Stress is when someone feels tense, nervous, anxious or can't sleep at night because their mind is troubled. Are you often stressed in your day-to-day life activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Do you think completing more education or training would be something you would like to work on in the next six months? For example, finishing a GED, going to college or learning a trade?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>		
Do you have trouble getting to school, work or the store because you don't have a way to get there?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Have you had a hard time paying your utilities in the past three months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Have you been a patient in the emergency room two or more times in the past six months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Do you need help finding a doctor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>		
Are any of your needs urgent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>		
If you have needs that make being healthy difficult, would you like someone from our team to help you with those needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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