

# Seminole County Health Department

## ELIGIBILITY SCREENING

Date of appointment \_\_\_\_\_

Time of appointment \_\_\_\_\_

Clerk \_\_\_\_\_

Telephone \_\_\_\_\_

1. ELIGIBILITY SCREENING (*Must all of the following items*)

- Social Security Cards For All Immediate Family Members
- Birth Certificates For All Immediate Family Members
- Drivers License or Picture Id

2. PROOF OF RESIDENCY: (*Must Produce 1 of the following items*)

- Last Utility Bill (Water, Electric or Gas)
- Last Rent Receipt or Lease Agreement
- Mortgage Payment Book
- Deed to Property (If Home Is Owned Free and Clear)
- Tax Statement

Must produce ONE item for section A, B, or C

3. PROOF OF INCOME:

- Last Four Pay Stubs If Paid Weekly
- Last Three (3) Pay Stubs If Paid Bi-Weekly or Semi-Monthly
- Letter from Employer on Letterhead stating Hours per Week & Rate per Hour Earned per Week.
- Statement For: (Child Support, Social Security, Unemployment, Workmen's Comp., or Alimony)
- Parent/guardian income is required for anyone under 21 years of age for the prenatal PEPW eligibility.

IF:

A. SELF EMPLOYED:

- Latest and Complete Income Tax Return with Profit And Loss
- didn't File Taxes—Notarized Letter of Jobs, With Last Three months breakdown of money earned.

IF:

B. NOT EMPLOYED:

- Notarized Letter 8 1/2 X 11 Paper Written By A Friend, Relative Or Landlord Stating You Are Unemployed And There Is No Income In Your Household At This Time.
- Proof (Documentation) that you have applied for \_\_\_\_\_.
- Student must provide a picture school ID.

IF:

C. Medicaid Eligibility: (*Must produce 1 of the following items*)

- Proof of Medicaid Application
- Proof of Medicaid Ineligibility (Letter from Medicaid Office)
- Written and signed statement declaring that applicant has NO medical insurance coverage during their clinic card eligibility period. Applicant will immediately notify us if they obtain medical insurance.

Other Information (*Optional or Upon Request*)

- Proof of Monthly Child Care expense
- Proof of Pregnancy