

Eligibility Screening Walk-in Hours

Monday-Friday
8:00am-11:00am 1:00pm-3:00pm

904-529-2800

All requested documents **must** be submitted.

Bear Run Clinic
3229 Bear Run Blvd
Orange Park, Florida 32065

The following documents are requested for the financial eligibility screening:

Identification

driver's license or other form of ID for applicant, spouse and minor children

Proof of Residency

current utility bill (water or electric) or
 lease agreement or rent receipt

Proof of Earned Income

last four paystubs with gross income (before taxes are taken out) or
 letter from employer on company letterhead indicating hourly rate and # of weekly hours

Proof of Unearned Income

statements for Social Security Income, Unemployment Compensation, Veterans Pensions
retirement Pensions, Worker's Compensation, Child Support or Alimony payments
 proof of monetary contributions from relatives or friends

Assets

Current statement for bank accounts (stocks, bonds, and certificates of deposits)

Self-Employed

latest and complete income tax return with lost and profit or
 record of profit and expenses

Not Employed

notarized statement written by a friend, relative or landlord indicating the date that you
became unemployed and detailing how you are being supported

Other information

Proof child support or daycare payments

I understand that if I fail to provide the documents requested above, I will be charged 100% for any services provided by the FDOH/Clay County

Revised 2016

Signature _____

Date _____

Information due on _____

Answer All



Financial Information

1. **Employer:** _____

2. **Income:** _____ **Circle One:** Weekly Bi-weekly Monthly Yearly

List all other sources of Income you receive Monthly

3. SSA:

4. Unemployment:

5. Workers Comp:

6. Other Unearned Income:

7. Public Assist:

8. Alimony:

9. Child Support Received:

List Monthly Income Deductions

10. Child Care Expenses Paid: _____

11. Child Support Expenses Paid: _____

List Assets and Expenses

12. **Assets**

House: _____

Car: _____

Boat: _____

Second House: _____

Cash on Hand: _____

Checking Account: _____

Savings Account: _____

Stocks/Bonds: _____

Certificates: _____

Other: _____

Total: _____

13. **Expenses**

Mortgage/Rent: _____

Food: _____

Utilities: _____

Phone: _____

Auto Loan: _____

Other Loans: _____

Credit Cards: _____

Insurance: _____

Alimony: _____

Medical Expenses: _____

Other: _____

Total: _____