Eligibility Screening Walk-in Hours

Monday-Friday

8:00am-11:00am

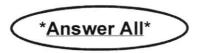
1:00pm-3:00pm

All requested documents **must** be submitted.

904-529-2800

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	
a f	
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	No.

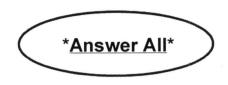




HOUSEHOLD DATA SHEET

		· ·
		Date of Birth:
AMILY NAME:		The second secon
nglish Speaking: DYes DNo	If no, specify:	
amily Is: Migrant Farmworker		
ddress (entermonth & year when updating): .		Lot/Apt City;
ounty:	Zip:	Telephone No.:
		Best Time to Call:
rections to Home (enter month & year who		
AND THE TOURS OF A TION.		Walk ☐ None ☐ Volunteer ☐ Other:
DMMUNITY SERVICES (check thos		
—	leals On Wheels	Vocational Rehabilitation
☐ Church ☐ S	enlor Services	☐ County Social Services
☐ Day Care ☐ S	chool Lunches	☐ Medicaid
☐ Food Stamps ☐ C	hildren's Medical Service	es 🗆 Other:
ocial Worker:	Phone No.	:Agency:
Persons Living In Home 4	. Date of B	irth Relationship To Client

	na * Date of Bi	irth Comments
Children (under 18) Not Living in Hon	Date of Br	TO CONNECTS
and the second s		
	Inless C Machilla Moons Cl	Car □ Camper □ Temporarily without shelter □ Other:
chack anal	Method to Hea	
ECK the working things you have:	☐ Refrigerator ☐	Cooking Stove Hot Plate Fan Indoor Toll
☐ Water Inside for Drinking ☐	5-25 - 1 - 5 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	
O Water inside for Drinking O	TIERS RISION IOI DOUBLE	' 8
te: Name & Title o	Person Reviewing:	
IV TO THE PERSON OF THE PERSON		





Financial Information

1. Employer:

2.	Income:	Circl	e One:	Weekly	Bi-weekly	Monthly	Yearly				
List all other sources of Income you receive Monthly											
3.	SSA:	7.	Public A	Assist:							
4.	Unemployment:	8.	Alimon	y:							
5.	Workers Comp:	9.	Child Supp	ort Received	l:						
6.	Other Unearned Income:	٠									
List Monthly Income Deductions											
10.	Child Care Expenses Pa	id:	*								
11.	Child Support Expenses	Paid:									
	Ľ	ist Assets a	nd Expe	nses							
12.	Assets		1	Ехре	nses						
	House:				gage/Rent:	***************************************					
	Car:			Food	:						
	Boat:			Utilit	ies:						
	Second House:			Phon	ie:						
	Cash on Hand:			Auto	Loan:						
	Checking Account:			Othe	r Loans:						
	Savings Account:			Cred	it Cards:						
	Stocks/Bonds:			Insur	ance:						
lack lack	Certificates:			Alim							
,	Other:			Med	ical Expenses:						
	Total:			Othe							
				Tota	l:						