Charlotte County Health Department

Punta Gorda 639-1181 Port Charlotte 624-7200 Englewood 681-3750

✓ Eligibility Requirements for Sliding Fee Scale Screening

You will need to bring in ALL documentation each time a screening is done

1. Picture ID (Government issued I.D., Foreign Government I.D.,) for ALL Adults
2. Social Security Cards for ALL FAMILY MEMBERS
3. Proof of residency (piece of mail with current address postmarked within the last 30 days or a current utility bill)
4. Health Insurance Cards (Private Insurance, Medicaid, Medicare, HMO, as well as deductible and co/pay information)
5. Verification of: Employment Authorization cards, Passport, Visas, and any other Immigration Documents.

✓ Proof of Income

Household Income for the past 30 days (before taxes) for ALL MEMBERS OF IMMEDIATE FAMILY

1. Current pay stubs (last 30 days)
2. Dated letter from employer on company letterhead showing dates paid and the gross pay
3. Unemployment/Workers Compensation (letter stating current case status, start and end dates)
4. Pensions/Annuities/Veteran's Pensions
5. Child Support Received (please print record)
6. Social Security Income (Letter showing current case status or award letter with $$ monthly amount to be paid to you
7. Contributions

✓ For Self Employed Individuals

Three most recent bank statements for Personal & business checking & savings, include all pages, all open accounts. Statements must be printed from 1st day to the last day of the month, for the prior three months.

1. Self Employment Worksheets completed, with any business deductions that match the bank statements
2. Income from Dividends/Interest/Rental Property/Royalties/Estates/Trusts
3. Stocks/Bonds/Investments/Savings Accounts/Checking Accounts
4. Agency letter with dollar amount showing value of services received.
5. Other cash income
6. Current year's Tax Returns, ALL PAGES

✓ Other Information

1. Proof of child care paid
2. Proof of child support paid
3. All prescription and non-prescription drugs taken on a regular basis must be brought to medical appointments.
4. Previous medical records or full name and address of previous Primary Care Provider

✓ If you are Unemployed

YOU MUST provide a written statement of support, which includes their name, address, phone number, and how much money they have provided to you within the last thirty days.

**** Additional information may be requested at the time of screening***