

**HANDS CLINIC
ELIGIBILITY CHECKLIST FOR CLIENT**

Clients Name _____ **Date** ____/____/____

Current St. Lucie County ID

() Driver's License () State ID

Social Security Card

Proof of Residence: () utility bill in client's name w/ matching address

() telephone bill in client's name w/ matching address *** () _____

Proof of ALL household income:

Employed: pay stubs for the last month (both spouses)

If divorced, copy of divorce and settlement papers (Within 7 years)

Signed and dated letters from friends, relatives, or agencies that provide you with money, food, clothing, and/or shelter with the dollar amount of support provided per week or month.

Work phone number and contact person to verify that you are still employed or a letter stating the start date of your new employment.

Self Employed: () Checking and Savings Account () Last year's tax returns () 1099

Profit and Loss Statement

Verification of current Unemployment Benefits or Workers' Compensation

Verification of: () SSDB () SSI () Soc. Security

Proof of: () Food Stamps () AFDC () Child Support () Alimony

Last year's tax return with W-2's or Letter of Non-Filing

Letter of ineligibility for Medicaid

() Additional information: _____

*** If utility/telephone bill is not in client's name: signed Lease Agreement by both parties/
Landlord/Tenant, letter of residence, or 2 pieces of mail from government agency or bank

Phone: 772- 462-5646

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