



HALIFAX HEALTH

HALIFAX HEALTH – PATIENT ASSISTANCE CHECKLIST

REMEMBER YOU MUST HAVE AN APPOINTMENT TO SUBMIT YOUR APPLICATION FOR HALIFAX HEALTH – PATIENT ASSISTANCE (HHPA)

Applicants must return all required paperwork within 10 days of their scheduled appointment.

In most cases, HHPA coverage will go back 45 days and cover most services if received at Halifax Health.

**CUSTOMER SERVICE (386) 425-4019 • APPOINTMENT LINE (386) 254-4000 EXT. 3238
303 N. CLYDE MORRIS BOULEVARD, DAYTONA BEACH, FL 32114**

Required documentation for HHPA determination includes the following:

IDENTIFICATION

Every applicant must provide:

- Picture ID such as a Florida driver's license or passport, AND
- Social Security Card or Official document that includes name, address and Social Security Number.

If married (even if separated) – Picture ID or current Florida driver's license for applicant and spouse.

If dependent children in household – Social Security card(s).

RESIDENCY

Applicant must have lived within the Halifax Taxing District for a minimum of 3 previous months (90 days).

To show proof of residency any of the following can be submitted:

- Three months of consecutive mail, preferably different sources
- Drivers license with current address (issue date more than 3 months prior)
- Document showing residency for last 3 months
- Lease for last 3 months
- INS Papers from Immigration with current address
- Bank statements for last 3 months
- Utility bill for last 3 months – electric, water, phone, gas or other city or county utilities or other contracted service (pest control, cable service). Must have applicant's name and service address (not P.O. Box).
- Documentation of enrollment/participation in Volusia County Homeless Coalition.

HOUSEHOLD INCOME

The following is considered as Household Income and if applicable you must provide:

- Three months of bank statements and a current paycheck (within the last 30 days), OR
- A combination of tax return along with confirmation of filing of the Federal Tax Return (or W-2), declaration of support, and statement of earnings,

And, if applicable:

- Social Security Benefits AND Supplemental Social Security and Disability benefits for any family member living in the home.
- Public Assistance and Aid for Families with Dependent Children (AFDC) payments
- Retirement and Pension Benefits, Stocks, Bonds and annuities, CDs
- Royalties and Rents
- Unemployment and Worker's Compensation
- Veterans and Military Allotments
- Strike Benefits
- Insurance and Annuity Income (life insurance policies, indemnity plans)
- Dividends and Interest Earnings (stocks and bonds)



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HOUSEHOLD INCOME *(continued)*

- Estate and Trust Fund Income
- Private loans (recurring nature)
- Training Stipends
- Alimony/Child Support
- Inheritance
- Compensation for an injury/settlements
- Gifts – include donations from churches, other organizations and family members

Please note: All sources of value including free rent and barter goods will be used to determine the income.

- If you do not have the above information you must provide statement of earnings as requested from Social Security Office.

IF SELF EMPLOYED

- Bank statements of business accounts
- Self-employment income (Defined as the amount of Gross Income reported on Income Tax Return Schedule C)
- Schedule C of last income tax return

VAVET

- DD 214 paperwork
- Letter showing you are not eligible for VA benefits

IF EMPLOYED

- Letter from employer if insurance is offered, details of coverage

FULL TIME STUDENT

- Letter from college stating if medical insurance is offered, details of coverage
- Documentation showing classes currently enrolled in

DEPENDENT CHILDREN IN HOUSEHOLD

- Must have applied for Medicaid and be able to provide letter from DCF showing Medicaid determination

AUTO RELATED

- Need letter from attorney with status of case as well as a letter of protection

**Halifax Health – Patient Assistance does not cover most physician bills, specialist, optical or dental.
Services must be received at Halifax Health.**

Abusive or disruptive behavior could result in termination from program.



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