

COUNTY HEALTH CARE
DUVAL COUNTY COURTHOUSE
P.O. BOX 189
SAN DIEGO, TX 78384
PHONE # (361) 279-6206

TO: DUVAL COUNTY RESIDENT
FROM: DUVAL COUNTY HEALTH CARE OFFICE
SUBJECT: GUIDELINES FOR COUNTY ASSISTANCE

GUIDELINES

PLEASE BRING THE FOLLOWING INFORMATION TO DETERMINE ELGIBILITY FOR ASSISTANCE

- ____ 1. YOU MUST BE A DUVAL COUNTY RESIDENT.
- ____ 2. DRIVERS LICENSE, ID CARD & SOCIAL SECURITY CARD.
- ____ 3. UTILITY BILL AND A LETTER OF CONFIRMATION (OF RESIDENCY) FROM YOUR LANDLORD (FROM WHOM YOU ARE RENTING). **LETTER MUST BE NOTARIZED.** MUST ALSO HAVE SOME SORT OF PROOF THAT THE CLIENT IS READY TO MAKE **DUVAL COUNTY** HIS OR HER HOMESTEAD.
- ____ 4. YOU MUST BE RECEIVING FOOD STAMPS, OR BE IN THE PROCESS OF APPLYING FOR FOOD STAMPS. BRING AWARDS LETTER TO CONFIRM.
- ____ 5. IF YOU OR YOUR SPOUSE ARE WORKING, YOU MUST BRING COPIES OF YOUR LAST (4) PAY CHECKS AND A RECENT BANK STATEMENT AND SAVINGS.
- ____ 6. IF YOU ARE RECEIVING SSI, MEDICAID, MEDICARE, OR ANY KIND OF ASSISTANCE, BRING AWARD'S LETTER TO CONFIRM.
- ____ 7. IF WE NEED MORE INFORMATION, WE WILL ASK FOR IT ON DAY OF APPLICATION.
- ____ 8. ELIGIBILITY IS DETERMINED BY THE FOOD STAMP INCOME GUIDELINES.
- ____ 9. IF YOU DO NOT QUALIFY, WITH THE COUNTY, WE WILL TRY TO REFER YOU TO DIFFERENT RESOURCES.
- ____ 10. ACCIDENT—TYPE—NEED POLICE REPORT.
- ____ 11. **COUNTY DOES NOT PAY FOR CO-PAYS.**

___12. COUNTY DOES NOT PAY FOR DEDUCTIBLES.

___13. NO GASOLINE ASSISTANCE IF CLIENT HAS MEDICAID.

I UNDERSTAND THAT I HAVE READ DUVAL COUNTY POLICIES AND THAT I HAVE COMPLIED WITH ALL POLICIES UNDER PENALTY OF FROUD OR WILLFULLY MISREPRESENTATION OF INFORMATION.

SIGNATURE

DATE

**PLEASE CALL (361) 279-6206 OR (361) 279-6205 IF YOU HAVE ANY QUESTIONS.
THANK YOU!**