



Prior to your visit or based on your recent visit with the Clinic you were identified as a self-pay patient requiring financial assistance.

The certified application counselor (CAC) will assist you in determining any eligible health access programs by first collecting financial information from you. Then assisting you with completing a Medicaid and/or Healthcare.gov application. The CAC will be asking several questions and request several documents from you that require a response to all questions or it will delay the application and/or approval processes. Only send copies of information, do not send originals.

If you do not qualify for any other health access program and you are a Palm Beach County resident you may qualify for the District Cares Voucher Program. The Health Care District of Palm Beach County administers the District Cares Voucher program for eligible, uninsured residents of Palm Beach County. The program is available to individuals and/or families who do not qualify for any other public assistance health coverage program and who meet income and residency requirements. The District Cares Voucher program offers members access to specialists on a limited basis and primary care service at the C. L. Brumback Primary Care and Dental Clinics, which are Federally Qualified Health Centers owned and operated by the Health Care District of Palm Beach County. This does not cover primary care services and you will be required to pay a portion of your visit in the clinic. Patients who experience a trauma related event at either St. Mary's Hospital or Delray Medical Center can also qualify for the District Cares Voucher program if eligibility is met.

What will happen when you visit with the CAC: You will be applying for Florida Medicaid and/or Marketplace programs. If you have already applied for either of these programs and were denied please provide proof.

If you have not applied you can apply from your home before meeting with the CAC:

- Florida Medicaid - <https://www.myflorida.com/accessflorida/>. There is a "Am I Eligible" section that you can review prior to beginning your application. You can also call 850-300-4323 or 866-762-2237 Monday-Friday.
- Marketplace – <https://healthcare.gov> or you can call 1-800-318-2596 (24 hours a day/7 days a week)

If you receive denial letters from both of the program above and you are a Palm Beach County resident then the Health Care District of Palm Beach County has a health access program to specialists in Palm Beach County called the District Cares Voucher program. The program is available to individuals, who do not qualify for any other public assistance health coverage program and who meet income and residency requirements. As reviewed above a denial letter will be required from Medicaid before applying for the District Cares Voucher program. Residents who receive Medicare Parts A and B benefits are not eligible for the program. Medicare recipients who need prescription drug benefits should apply for Medicare Part D.

District Cares Voucher Program Guidelines

When applying for the District Cares Voucher program, information documenting proof of PBC residency, income and identification are required.

Part 1. Head of Family Information

Proof of Palm Beach County residence and plan to stay in Palm Beach County. Include only **ONE (1)** of the following papers:

- A property tax bill or any information that shows ownership of property in Palm Beach County
- A copy of a Voter Registration Card
- A copy of a current lease or rent receipt that shows who the owner is and a way to contact them
- A mortgage statement
- A current Florida driver's license or vehicle registration that shows the same address that is on the application
- A current electric, phone, water, TV cable or any other utility bill that shows service at the same address that is on the application
- Palm Beach County school registration certificate of a member on the application
- A letter from an agency (social, religious, fraternal etc.) in Palm Beach County that shows a person in the family is enrolled.
- A Declaration of Domicile that has been filed at the courthouse.



Part 2. Family Information

This section addresses the size of the family and which family members are looking for health care coverage. You should include all minor children (under age 18) that are living in the household. **Do not** include grandparents, aunts, uncles, cousins, nieces, nephews.

The identification that is needed is a copy of **any two (2)** items listed below for each person in the family. **Remember that a picture ID and a signed copy of the Social Security Card are the best kind of ID to send.**

- A Social Security Card or validated number
- US Certificate of Naturalization
- Any birth certificate (Any state or country) or registration card
- A letter or identification from any law enforcement person
- Any official passport
- Any Alien registration card
- School identification
- Any military identification card
- Church or Temple membership
- Medical Records
- Any current Driver's license, any state, country or international

Part 3. Other Needed Information: CAC may request additional information to assist with determining the best health coverage for the patient. Social Security benefit letter (SSA.gov) or request TPQY or SEQY from local social security office.

Part 4. Family Income information

Last four (4) weeks of the money earned (before deductions) to determine eligibility for health coverage. All money received from anyplace listed below is counted.

- Alimony
- Contributions/Support (with ID)
- Unemployment
- Recent bank statements (include all pages)
- Annuity
- Loans
- Veterans
- Child Support
- Pensions
- Wages/Paystubs (4 weeks)
- Rental Income
- Worker's Compensation

Part 5. Allowable Income Deduction Information

Monthly payments for the following: alimony; child support; health insurance premiums; life insurance premiums; and/or medical payments.

Part 6. Family Expenses

Monthly family expenses. If nothing is paid, put a zero (0) in each box.

Process for CLB Primary Care Clinic CAC

1. After reviewing documents provided and questions answered by the patient. The CAC may ask for additional clarification. If nothing else is needed the CAC can approve for six months or deny District Cares Voucher program.
2. If approved for the District Cares Voucher program a Health Access letter will be sent to the patient with eligibility dates.
3. Patient will need to follow program guidelines and cannot see a specialist outside of the CL Brumback Primary Care Clinic or Trauma hospital without authorization.
4. It is the patient's responsibility to know when the program is expiring and to make sure they are following up with the primary care provider regularly.