

CIRCLES OF CARE^{INC.}

Your Choice for Quality Behavioral Healthcare Services

Client ID: _____

Financial Assistance Program Eligibility Form

These questions will guide you in identifying the proof of income you will need to provide.

1. Are you married? ☐ Yes – Continue to Question 2 ☐ No – Skip to Question 3

2. Does your spouse receive a monthly income?

☐ Yes – You must include your spouse's income – Continue to Question 3 ☐ No – Continue to Question 3

3. Household Information

How many people live in the household (*not including yourself*)? _____

List all the names, ages, and relationship to you of each household member:

Name	Age	Relationship

4. Of the people in the household, how many receive a monthly income? (Proof of income is required for each person who receives a monthly income.) _____

5. Are you currently working (employed)?

☐ YES – Please bring either your last two pay stubs or a letter from your employer on company letterhead that includes: Your name, Your Social Security Number (SSN), How many hours do you work each week, your hourly rate of pay. → Skip to the end of the form.

☐ No – Continue to Question 7

6. Are you currently receiving unemployment benefits?

☐ Yes – Please provide proof of the amount you are receiving.

(Note: An unemployment denial letter is not valid proof of income.) → Skip to the end of the form

☐ No – Continue to Question 8

7. If you are not working and not receiving unemployment, is someone else supporting you?

☐ YES – Use the support letter included in this packet. The letter must be notarized and completed by the person assisting you. You must also bring that person's proof of income with the letter. (Note: This letter cannot be from a spouse.) → Skip to the end of the form.

☐ No – Continue to Question 8

8. ***If none of the above applies***, how are you being financially supported right now? (Check all that apply)

☐ Living off savings or checking account – Provide your last 2 months of bank statements (must show all deposits and withdrawals).

☐ Living in a Recovery House/Shelter -Bring a letter on the center's letterhead or a notarized letter.

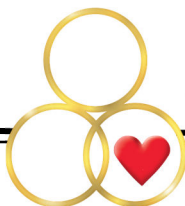
☐ Retirement check – Bring proof of monthly amount received.

☐ Social Security Disability – Bring proof of monthly amount received.

☐ Child Support / Alimony – Bring proof of monthly amount received.

☐ None of the above – You must call this office before your next appointment to find out what proof of income you need to bring.

Client Signature _____ Date: _____



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For office use only:

Client ID: _____

This letter is to certify that _____

(Residing individual's full name)

Their relationship to me is _____

Important: This letter **cannot** be completed by a spouse or by the individual themselves.

Financial Responsibility

At this time, I am financially responsible for this person in the following ways (check all that apply):

(Proof of income is required from the person making this statement.)

☐ I provide **housing only**

☐ I pay for all **basic living needs** (food, clothing, etc.)

☐ I pay **all bills**, including medical visits and prescriptions

Acknowledgment

I understand that, in accordance with **Section 817.50, Florida Statutes**, providing false information to defraud a hospital for the purpose of obtaining goods or services is a **misdemeanor of the second degree**.

I further acknowledge that letters from one spouse to another, or letters written by the individual themselves, are **not valid** and will **not be accepted** as proof of income

Signature of Supporter: _____

Printed Name: _____ **Date:** _____

Phone Number: _____

Notary Section

State of Florida,

County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____ 20____,

by _____ who is personally known to me or who has produced

_____ as identification.

Notary's Signature

Name of Notary (Typed, Printed, or Stamped)

SEAL _____

How to Apply for Medicaid

We understand that applying for Medicaid can feel overwhelming, and we want to make the process as smooth as possible for you. Below is a step-by-step guide to help you get started, along with a list of items you will need to bring when you apply.

Ways to Apply

1. **Online via MyACCESS Portal:** Use Florida DCF's MyACCESS / Office of Economic Self-Sufficiency Self-Service Portal to apply, upload documents, or check status. [MyFLFamilies](#)
2. **At a DCF Community Partner or Customer Service Center:** You can apply in person at community partner locations or DCF customer service centers. [MyFLFamilies+1](#)
3. **Paper Application**
Download, print, and fill out the paper application form. You can then either mail it, fax it, or hand-deliver to a local DCF office. [MyFLFamilies](#)
4. **Brevard County ACCESS Application Center**
 - Address: 375 Commerce Parkway, Suite 102, Rockledge, FL 32955 [MyFLFamilies](#)
 - Fax: (407) 245-2769 [MyFLFamilies](#)
 - Drop-off services (no appointment needed) include document submission, ID authentication, use of a computer to apply, and getting Refugee Assistance Program forms. [MyFLFamilies](#)
5. **By Phone:** For general assistance (checking status, getting help with applications) you can call (850) 300-4323

Steps to Apply for Medicaid

1. **Complete an application** using one of the methods listed above.
2. **Provide Required Documentation** to confirm your identity, household, and income.
3. **Wait for Processing.** Your application will be reviewed, and you may be contacted for additional information.
4. **Receive Notification.** You will be informed by mail or online about your approval status.

Application Documentation Checklist

Please bring as many of the following items as possible when applying.

Identity & Citizenship

- ☐ Government-issued photo ID (driver's license, state ID, or passport)
- ☐ Social Security numbers (or proof of application) for all applying household members

- ☐ Birth certificate or U.S. passport (to verify citizenship)
 - ☐ Immigration documents (for non-citizens with eligible status)
-

Household & Residence

- ☐ Proof of address (lease, mortgage, utility bill, or official mail)
 - ☐ Names, dates of birth, and relationships of all household members
-

Income

- ☐ Recent pay stubs (last 4 weeks preferred)
 - ☐ Employer verification letter (if no pay stubs available)
 - ☐ Social Security benefit letter or statement
 - ☐ Pension, retirement, or veteran's benefits statements
 - ☐ Unemployment benefits documentation
 - ☐ Self-employment records (tax return, profit/loss statement)
 - ☐ Child support or alimony received
-

Health Insurance

- ☐ Current health insurance cards or policy numbers
 - ☐ Medicare card (if applicable)
-

Expenses (if applicable)

- ☐ Childcare or dependent care receipts
 - ☐ Medical bills or proof of ongoing medical expenses
 - ☐ Proof of court-ordered child support or alimony payments
-

Tip:

Don't worry if you don't have everything — submit as much as you can. The Department of Children and Families (DCF) will follow up if they need more information.

Need Help?

If you need assistance completing your application or gathering documents, our staff is here to help. Please contact us.

North Area Outpatient
(321) 269-4590

Central Area Outpatient
(321) 890-1500

South Area Outpatient
(321) 952-6000