

Risk Management Division
Social Services Section
Polk HealthCare Plan
OFFICE HOURS MONDAY – FRIDAY
8:00 AM TO 5:00 PM



2135 Marshall Edwards Drive
Bartow, Florida 33830
Telephone: (863) 534-5387
Fax #: (863) 519-7939

POLK HEALTHCARE PLAN
Eligibility Determination Checklist

Client's Name: _____ Case Number: _____

Appointment Date

Appointment Time

Appointment Location

If you are unable to keep this appointment, please call 534-5387 prior to your appointment date.

The information on this checklist is required by the Social Service Section in order to determine your eligibility for reduced cost medical services through the Polk HealthCare Plan. Please bring all of the information, listed below, to your appointment with the case manager. Please arrive on time and be prepared to talk about your situation. The case manager has 30 days to determine your eligibility.

- I. You must provide proof that you are a full time, permanent, **Polk County Resident** and that you plan to continue living in Polk County.
- II. You must provide proof of all gross HOUSEHOLD **Income** FROM ALL SOURCES for the past 3 months. Acceptable items are:
(A) Check stubs, (B) statements from employers including dates of employment, (C) award letters, (D) child support, (E) current TANF, (F) VA, (G) Social Security award letter, (H) worker's compensation claim form, (I) unemployment compensation wage transcript or print out from the Unemployment Office, (J) verification of any school loan(s) or PELL Grant(s). (K) If self-employed, most recent income tax filing, (L) computer print out from Domestic Relations Department showing all child support or alimony received. (M) If unemployed a statement(s) of support from those individuals providing assistance is required. This statement should include the dollar amount of the support.
- III. You must provide **Social Security Cards** for all household members
- IV. Polk County **Driver's License** or State Picture Identification must be presented at the time of interview for all adult household members.
- V. Vehicle registration and vehicle insurance in your name.
- VI. All household **Assets** such as most recent checking and/or savings account statements for all bank accounts where your name appears on the account. This also includes IRA's, Certificates of Deposit, annuities, Trust Funds, profit shares, commissions, and royalties, stocks and bonds. Proof of all assets. This includes; home, and all vehicles (cars, trucks, SUV's,) motorcycles, boats, water craft, recreational vehicles, ATV's etc.
- VII. All household **bills**, such as shelter costs, utilities, phone bills, cable bills, credit cards, furniture, etc.
- VIII. Proof of application status of SSD/SSI claim from either your lawyer or the Social Security office.
- IX. Other: _____

In order to be classified, you are required to return all documents that apply to your case. **Additional information may be requested during the interview based on your individual circumstances.** The Polk HealthCare Plan is a plan for full time, permanent, Polk County residents who meet eligibility requirements and have no other health insurance coverage. If approved, The Polk HealthCare Plan has co-pays for medical services received and Prescriptions. Co-pays are required to be paid at the time of service.

Form 2a...eligibility.... (Revised 6/00, 1/01, 10/01, 6/05, 8/05, 10/05, 12/05, 02/06, 12/08, 9/09)