ELIGIBILITY REQUIREMENTS

PATRICIA L. BLACK COMMUNITY HEALTH CENTER

At

MT. SINAI CENTER FOR HEALTH AND WELLNESS

DO I QUALIFY?

What information must I bring?

Proof of income:

- Pay stubs representing last 4 weeks of income
- Unemployment compensation letter of approval
- Unemployment compensation denial letter
- Letter of support from Charitable organization
- Last year's income tax return including W-2 or 1099

Photo ID

Services Provided

Acute conditions:

- Colds
- Flu
- Backache
- Headache
- Abdominal complaints
- Physical exams

See back of page for guidelines.

FLORIDA DEPARTMENT OF HEALTH

VOLUNTEER HEALTH CARE PROVIDER PROGRAM

FEDERAL POVERTY GUIDELINES

Size of Family Unit	200% Poverty Annual	Monthly
1	$21,660	$1,805
2	$29,136	$2,428
3	$36,624	$3,052
4	$44,100	$3,675
5	$51,576	$4,298
6	$59,064	$4,922
7	$66,540	$5,545
8	$74,016	$6168
Add per additional person	$7,476	$623

Effective
January 23, 2009 until up-dated in 2010

CLINIC HOURS OF OPERATION

TUESDAY: 6:00PM TO 9:00PM

APPOINTMENTS PREFERRED ~ WALK IN'S WELCOMED

CALL (407) 299-0766 FOR APPOINTMENT AND ELIGIBILITY

LAST WALK-IN ACCEPTED AT 8:00PM