
FINANCIAL SCREENING FOR CLINIC SERVICES (Georgia Residents only)
Located in the Professional Tower Building
700 Center Street, Suite 102
QUESTIONS Call 706-321-6690

ALL of the ORIGINAL documents are REQUIRED to qualify for Clinic Services:

- ✓ **Marital status:** marriage license; death certificate/funeral notice (if widowed); divorce papers or legal separation papers if divorced or separated; if none of these documents are available, provide a **notarized statement** of death, divorce, or separation signed by a friend or family member within past **30** days
- ✓ Birth certificates and Social Security cards on your children **age 18 or less** in the household (if you are responsible for them & allowed to count the children as dependents on your tax return); or proof of legal custody or legal guardianship
- ✓ **All Applicants must have a non-expired Georgia ID or Driver's License & his/her Social Security Card or a notice from Social Security to show replacement card applied for or birth certificate (1st time)**
- ✓ Residency is verified by 3 pieces of **business mail** in your name or your spouse's name, with address & date (magazines with month are OK), for each of the **three (3) months prior to your appointment month**
JAN FEB MAR APR MAY JUN JULY AUG SEP OCT NOV DEC
Mail address must match ID/license address. Personal mail and P.O. Boxes cannot be accepted
- ✓ If you live in a mission/facility, a residency letter from the mission/facility stating your date of admission
- ✓ If you are registered with the Homeless Resource Network for the past **90** days, you will need a residency verification letter completed by the Homeless Resource Network within the past **30** days
- ✓ **ALL Applicants** must provide a **Wage Inquiry** from the Department of Labor for you and your **spouse**. **REQUIRED FOR ALL APPLICANTS** -dated within **30** days prior to appointment (Address: 700 Veterans Parkway, (706-649-7423) **No Exceptions**
- ✓ A Claims inquiry, EUC/SEB from the Dept. of Labor for you &/or your spouse dated within **30** days prior to your appointment when a job was lost &/or an unemployment check was received during the past **12** months
- ✓ Proof of all income for the **most recent twelve months** (such as 3 current pay stubs, a current Social Security "Notice of Award", Social Security "cost of living" notice, VA, 12 months child support ledger or court order, food stamp notice, any other money received, last year's W-2 form if per-diem is received, etc.)
- ✓ If no income, a **notarized letter** signed by the person paying or assisting with your living expenses dated within the past **30** days prior to appointment explaining how he/she assists you with your living expenses

- ✓ If self-employed, a business ledger of income & expenses for the current year & last year's tax return

THE FINANCIAL SCREENERS WILL NOT BE ABLE TO DETERMINE IF YOU ARE ELIGIBLE FOR CLINIC PARTICIPATION IF YOU DO NOT HAVE ALL THE REQUIRED DOCUMENTS. IF YOU DO NOT PROVIDE THE DOCUMENTS ON THE DATE OF YOUR SCREENING YOU MAY HAVE TO BE RESCHEDULED TO A LATER DATE. Other Documents may be needed based on your situation.

Appointment Date: _____ ; **Comments:** _____