

ELIGIBILITY POLICIES and DOCUMENTATION REQUIREMENTS

Patients of the Lloyd F. Moss Free Clinic must meet our basic eligibility requirements to receive free care. To be eligible, you must live in the City of Fredericksburg or in one of these counties: Caroline, King George, Spotsylvania, or Stafford; you cannot have health insurance; and, your household income must be under our limits. We need to have written documentation that you meet these guidelines to help you, and to get your medications. Information can be brought to the Clinic or mailed. Mail to: Lloyd F. Moss Free Clinic, 1301 Sam Perry Boulevard, Fredericksburg, VA 22401.

1. **RESIDENCY:** Must live in the City of Fredericksburg, or in the County of Caroline, King George, Spotsylvania, or Stafford. You must provide proof, such as your driver's license, current utility bill, voter registration card, or a rental lease. You must have this at your eligibility screening appointment or you cannot be seen.
2. **INCOME: Must provide proof of household income every 6 months. If you are married and living together, we need income documents for patient and spouse.**
 - **IF YOU ARE WORKING:**
 - One month of current pay stubs.
 - **IF YOU FILE TAXES:** Copy of Federal Income Tax return with W-2s, 1099 forms.
 - **IF YOU DO NOT FILE TAXES:**
 - Last pay stub from previous year, showing year-to-date income.
 - IRS form 4506-T (we will have you fill out the form which we will FAX to the IRS).
 - **IF YOU WORK FOR CASH:**
 - Verification of Employment Letter (we will provide and you will have employer fill out).
 - Self-Declaration of Income form (we will have you fill out).
 - **IF YOU JUST STARTED WORKING:** Verification of Employment Letter (we will provide and you will have employer fill out). We will need a copy of your pay stubs when you get them.
 - **IF YOU ARE NOT WORKING:**
 - Your most recent tax return with W-2s, 1099 forms (if you filed in the past year).
 - IRS form 4506-T (we will have you fill out the form which we will FAX to the IRS).
 - Letter of Support from individual who is helping you with expenses (we will provide you a letter to be completed by the person helping with your support).
 - Zero-Income Letter (we will provide)
 - **IF YOU RECEIVE OTHER KINDS OF INCOME:**
 - We need a statement showing how much you receive.
 - For example, if you are receiving Social Security benefits, Veteran's benefits, pensions, food stamps, unemployment compensation, or child support we need a statement from the provider.

IF YOU DO NOT PROVIDE THE INFORMATION REQUESTED, YOU CANNOT BE SEEN OR GIVEN REFERRALS OR MEDICATION REFILLS UNTIL YOU PROVIDE IT.

By signing below, I agree to adhere to the Lloyd F. Moss Free Clinic's eligibility requirements and policies. I attest that the information provided to the Clinic is true, valid and legal. I also attest that the Clinic has provided me a copy of this letter.

Patient Signature

Date