

NEW PATIENT ENROLLMENT PROCEDURE:

The Hands of Hope Clinic conducts pre-screening on a weekly basis to determine eligibility for potential patients. Individuals must bring **ALL** required documentation to the pre-screening in order to qualify for services. **You must recertify every year.**

Hours of Operation for New Patient Enrollment:

Monday – Thursday 9am to 11:30am and 1:30pm to 2:30pm

Eligibility Criteria: To be eligible for the services of the Hands of Hope Clinic, the following must apply:

- Adult resident of Henry County, Georgia
- No current health insurance coverage, including Medicare or Medicaid
- Income falls at or below 300% of the federal poverty level

Patient Fees:

	<u>Medical</u>	<u>Dental - \$10.00 Office fee</u>
• Initial Visit	\$20.00	Initial Visit/Exam \$0.00
• Follow-up	\$10.00	Extractions/Fillings \$0.00

RESIDENCY AND INCOME VERIFICATION REQUIREMENTS

Persons seeking to become a new patient **MUST** provide proof of Henry County residency **AND** proof of Income as indicated below:

Proof of Henry County Residency:

- A valid Georgia Driver License, (**CANNOT BE EXPIRED**) must display Henry County
- A valid Georgia Identification Card, (**CANNOT BE EXPIRED**) must display Henry County
- Individuals residing in rehabilitation centers or shelters must provide a dated letter or referral confirming their residency in the shelter

Proof of Income:

You **must** provide total **Household Income** for all family members as appropriate for your situation: **If you are married, you must provide your spouse's financial information**

- **If employed**, (2-BI weekly/ 4-weekly) most recent pay stubs , OR letter from employer verifying current income (letter must be on employer letterhead)
- **If unemployed**, a Quarterly Wage Report from the GA Dept. of Labor (Local office located at 1630 Phoenix Blvd., College Park, GA 678-284-0200 or 1514 GA 16, Griffin, GA 770-228-7226
- **If self-employed**, current profit or loss statement must be included for all self-employed members of the household, and all forms and schedules filed, and a Quarterly Wage Report.
- **REQUIRED for ALL** - most current year complete federal tax return OR verification of non-filing statement (IRS Form 4506-T).

Other Required Documentation:

- **Medicaid denial letter visit <https://gateway.ga.gov/access/> or apply at the DFCS office directly**
- Documentation of Unemployment or Workers Compensation Income
- Military Allotment and/or Pension
- Public Assistance eligibility letter or Social Security award letter
- Documentation of Alimony and/or Child Support Payments
- Current Bank Statement