JPS Connection

Eligibility Documents	Eligibility Criteria

Eligibility Documents

- ☐ Proof of Identification (preferably state issued IDs: State ID, Driver's License, Birth certificate)
- ☐ Social Security Card
- ☐ Immigration Document (I-94, Green card, or Citizenship)
- ☐ Proof of any financial assistance/award letters (Pubic housing, Food Stamps, RCA-if receiving, CHIP/Medicaid, card *or award letters*)
- ☐ Proof of income (copy of last 2 paystubs)
- ☐ Completed request for Transcript of Tax Return, 4506T
- ☐ Completed application, signed and dated by applicant *and spouse, if married*
- ☐ Completed and initialed JPS Membership Responsibilities

If the applicant is being assisted by another individual
- ☐ Verification of Assistance and Residency – completed and signed by supporting individual

Eligibility Criteria

- ✓ Must be able to provide proof of residency
- ✓ U.S. Citizen or legal resident
- ✓ Unemployed or underemployed
- ✓ Annual income must fall below 250% of poverty guideline

State Benefits

Eligibility Documents	Eligibility Criteria

Eligibility Documents

- ☐ Proof of Identity (State Id/Driver's License)
    - *If you don't have either one of the documents, then:*
        - ▪ EAD, I-94, Green card along with utilities bill (electricity, phone, lease contract, etc verifying your residency)
- ☐ Copy of Social Security card
- ☐ Proof of Income (copy of last 2 pay stubs or employment letter stating your employment status and income, or last year's tax return)
- ☐ Immigration Document: (I-94, Green card, citizenship, U.S. birth certificate-if applicable)
- ☐ Medicaid Card (or the acceptance/denial letter HHS)
- ☐ Bank Statements (current statements of both checking and savings accounts) –*Not required for Pregnancy Medicaid*

Eligibility Criteria

- ✓ U.S. citizen or a legal resident
- ✓ Refugees who have been in the US for less than 8 months
- ✓ Unemployed or underemployed
- ✓ Do not have any health coverage
- ✓ Annual income must fall below 200% of FPG

Texas Women's Health Program

Eligibility Documents

- ☐ Proof of Identification
- ☐ Proof of Income
  - o Pay stubs or copy of check from 60 days
  - o Proof of any financial awards
    - ▪ WIC
    - ▪ Food Stamp
    - ▪ Housing
    - ▪ Any other cash assistance
  - o Medicaid ID card (self and children's-if any)
- ☐ Citizenship and Immigration Status

Eligibility Criteria

- ✓ Woman of age 18-44 years old
- ✓ U.S. Citizens or legal immigrants
- ✓ Live in Texas
- ✓ Not receiving full Medicaid, CHIP, or Medicare Part A or B
- ✓ Not pregnant
- ✓ Annual family income below 200% FPG

Medicaid for Breast and Cervical Cancer (MBCC)

Eligibility Documents

- ☐ Doctor's report
- ☐ 2 forms of Identification (Driver's license, State ID and birth certificate-if applicable)
- ☐ Immigration Documents (I-94, EAD, or Green card)
- ☐ Proof of income (must fall below 200% poverty guideline)

Eligibility Criteria

- ✓ Low income (at or below 200% of FPG)
- ✓ 40-64 years old for breast cancer screening and diagnostic services
- ✓ 21-64 years old for cervical cancer screening services
- ✓ 18-64 for cervical cancer diagnostic services

North Texas Area Community Health Centers

Eligibility Documents

- ☐ Proof of income
  - o Copy of pay stubs

  If self-employed,
  - o Must fill out an agency form

  If receiving financial assistance,
  - o Letter of verification
- ☐ Proof of address
- ☐ A photo ID
- ☐ Letter from the doctor, if pregnant

Eligibility Criteria

** Client will have to pay $10-$40/visit

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Last Updated: 12/17/14

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CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Building Bridges Program

UNT | HEALTH
SCIENCE CENTER
FOCUSED ON RESOURCES FOR HER HEALTH
EDUCATION AND RESEARCH

Cancer Care Financial Assistance

Eligibility Documents

- ☐ Letter from the doctor confirming diagnoses
- ☐ Proof of residency (state issued ID supplemented by lease contract, electricity bill, etc)
- ☐ Pay stubs or letter from employer (if employed)

Eligibility Criteria

- ✓ Must be in active treatment
- ✓ Reside in U.S. or Puerto Rico
- ✓ Meet eligibility guideline of 250% of the FPL

**partial financial assistance, client should have some other health coverage as CC can only support limited % of the total cost.

Locations that help with Benefits Application

1. Catholic Charities, Enrollment Solutions Center
   Ph: 817-289-3862
   Address: 249 Thornhill Dr. Fort worth TX 76
   Note: Tuesdays and Thursdays from 1pm-4pm

2. North Texas Area Community Health Centers
   Ph: 817-625-4254 (Northside)
      817-916-4333 (Southeast)
   Address: 106 N. Main St. Fort Worth, TX 76164 (Northside)
      2929 Mitchell Blvd Fort Worth, TX

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