

**BROWARD HEALTH
CENTRAL FINANCIAL ASSISTANCE UNIT - CFAU
(954) 767-5344**

You must apply for and comply with the application process for any available local, state, or federally funded health insurance programs for which you or any listed uninsured family member may qualify, e.g. Affordable Care Act (Healthcare Exchange), Medicare, Medicaid, Florida KidCare, etc. Failure to do so will result in a denial of your application.

Proof of Residency/Identification: For all adults applying (One of these)

- Florida Driver's License or State issued Identification Card (must not be expired)
- US Passport
- I-551 stamped non US Passport (all entry dates copied)
- Valid Alien Registration receipt card/green card or Form I-551, I-797 Notice of Approval
- Voters Registration Card

Proof of Address: 2 items for each adult (patient, spouse and/or legal guardian) applying

Current proof of address dated within 30 days: utility bill (electric, phone, water, cable, gas, etc.), mortgage/lease/rent receipt, voter's registration card, mail, other.

- If above information is in another name, then proof of residence/ID will be required from named person along with notarized letter indicating applicant is living at that residence.

Prior proof of address greater than 30 days utility bill (electric, phone, water, cable, gas, etc), mortgage/lease/rent receipt, voters registration card, mail, valid ID with current address issues at least 30 days prior to application date.

Proof of school enrollment for children living in the home

**PO BOX addresses and Broward Health Bills will not be accepted as proof of address*

Proof of Children/Dependents:

Tax Return, birth certificates or proof of legal guardianship

Proof of Income (12 months verification required for all adults/ if married spouse's income also required):

Employed:

Current Income Tax Return (copies can be requested from IRS (800-829-1040) or www.irs.gov/pub/irs-fill/f4506)

Current Pay Stub (with Year to Date Gross Income)

If not available:

Current W-2 and current pay stub showing gross income or

Pay stubs for previous 12 months showing year to date gross income, or

Self Employed:

Current Income Tax Return (copies can be requested from IRS (800-829-1040) or www.irs.gov/pub/irs-fill/f4506)

If not available:

Income verification letter (company letterhead or notarized) for the previous 12 months with gross income.

12 months bank statements

Unemployed:

Unemployment Stub

Pension/Social Security award letter/1099

Notarized letter of monetary support from supporter with length of time and monthly amount.

Notarized letter of room and board support from supporter with length of time support is being provided.

****Supporters ID/Proof of Address is required****

All information is subject to verification. Providing false information may result in the DENIAL of any type of Financial Assistance through Broward Health.

Your signature confirms that you have received the checklist and that you will need to provide the information listed above at your appointment in order to complete the Financial Assistance Application. (If married and spouse is also applying, both must attend to complete the application process).

Patient Name: _____ **Date:** _____

Patient Signature: _____ **Witness:** _____



CFAU CHECKLIST



Documentation received for incomplete/partial applications will be shredded after 30 days.

