**Helping Hands Free Medical Clinic**

230 South Main Street 1328 North Main Street

**Mullins,** South Carolina 29574 **Marion,** South Carolina 29571

Phone (843) 464 – 8750 Phone (843) 423 – 5212

Fax (843) 464 – 0938 Fax (843) 423 – 5593

Hours: Mon – Thurs, 9am – 4pm Hours: Thurs & Fri, 9am – 12pm

Lunch: 12pm – 1pm

|  |  |
| --- | --- |
| **# of Persons in Household** | **Total Household Income** **(200% Annual)** |
| 1 | $23,340 |
| 2 | $31,460 |
| 3 | $39,580 |
| 4 | $47,700 |
| 5 | $55,820 |

**QUALIFICATIONS TO BE A PATIENT**

1. Resident of **Marion County** or surrounding communities
2. **No health insurance** (Medicare, Medicaid, private insurance, etc.)
3. Between the ages of **18 – 64**
4. Household **income must not be above** Federal Poverty Guidelines 🡪

**ELIGIBILITY FORM**

(FOR NEW PATIENTS AND PATIENTS WHO HAVE NOT BEEN SCREENED FOR ELIGIBILITY IN ONE YEAR)

(OFFICE PERSONNEL ONLY) **EXPIRES ON**

Full Name Date

Current Address Primary Phone

 Secondary Phone

**ITEMS TO BRING CHECK LIST**

|  |
| --- |
| * **Current South Carolina picture ID**
 |
| * **Social Security card**
 |
| * **Current Medicaid denial letter or 3300 form** (dated within one year)

Medicaid Office located at: 137 Airport Court, Suite J, Mullins, SC (Mon – Fri, 8:30am – 5:00pm) |
| * **Any household bills in your name**

(ie. light, water, phone, cable, mortgage, medical bills, etc.)***If no bills:*** provide a monthly sample of mail with name and current address |
| * **Proof of household income**

(ie. W2, 1040 tax form, or most recent check stubs)***If no income:*** signed statement from person providing room and board, food, etc. |
|  € **Food stamp print-out**  € **N/A** |
|  € **Social Security or Disability Award Letter** (with current year) € **N/A** |
|  € **Child support or alimony** (received or provided) € **N/A** |
|  € **Worker’s compensation print-out**  € **N/A** |
|  € **Unemployment payment history print-out** € **N/A** |