



1107 E. Marshall Ave Bldg #2.
Longview, TX 75601

1711 S. Henderson #400
Kilgore, TX 75662

602 N. Titus St #130
Gilmer, TX 75644

903.758.2610

To qualify for Department State Health Service (DSHS) Programs Title V, Primary Health Care, Breast and Cervical programs, and Sliding Scale Assistance:

An appointment must be made to be screened for these program services and assistance.

Bringing all information does not guarantee eligibility for the programs

1. Identification for yourself, spouse and/or partner (whether married or living together), and birth certificates for all of your minor child(ren) (one of the following):

- | | |
|----------------------------|--------------------------------|
| A. Valid ID card | D. Valid Driver's License |
| B. Birth Certificate(s) | E. Valid Passport |
| C. Permanent Resident Card | F. Voter ID card / Consular ID |

2. Proof of Income (All of the following)(If spouse and/or partner's income used he/she must schedule an appointment to sign paperwork)

- A. One month most recent consecutive pay stubs (i.e. paid monthly-one check stub, paid bi-monthly-2 check stubs, paid bi-weekly – 2 check stubs, paid weekly-4 check stubs)
- B. Child Support and Alimony Payments
- C. Social Security (Award Letter)
- D. Unemployment
- E. Worker's Compensation
- F. TANF benefits
- G. Other Income: regular payments, strike benefits, veteran's benefits, pension payments, annuity payments, dividends, interest, rents, royalties, tax return, payments from estates and trusts, etc.

3. Proof of Address (Bills must be with physical address and within last 30 days)

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|---------------------------|--|
| A. Valid Driver's License | G. Bank Statement |
| B. Utility Bill | H. Letter from home owner/tenant responsible |
| C. Rent/Lease Agreement | I. School ID (minors) |
| D. Mortgage Statement | J. Check Stubs |
| E. House Title | K. Landlord Verification |
| F. Property Tax Statement | L. Mail received with proof of address indicated |

4. Letter of Support

The letter must be written by the person providing room and board and/or assistance to pay for household bills and personal items. The letter must be signed, dated, and include a current phone number where we can contact the supporter.

Mission: The mission of Wellness Pointe is to provide access to high quality medical, dental, and social services across the patient lifecycle without regard to insurance status or ability to pay.

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