Required Eligibility Documents

The documents below will help us find out which medical programs you are eligible for. **Please bring one document from each list below.** The documents are listed in preferred order.

So that there are no delays in your appointment: Please bring <u>two (2) copies</u> of each document and arrive <u>15 minutes</u> <u>before</u> your appointment time.

If you need to reschedule your appointment, please call (714) 834-7991 at least 24 hours before your scheduled appointment.

| PROOF OF IDENTITY | PROOF OF LEGAL STATUS* (ONLY REQUIRED ONCE) | PROOF OF RESIDENCY IN ORANGE COUNTY | PROOF OF INCOME |
|---|---|---|--|
| Driver's License or | Certificate of Naturalization (N-550 or N-570) or | Lease Agreement or | Pay stubs (3 recent months in a row) or |
| • U.S. Passport/ Passport Card or | U.S. Passport/Passport Card issued without limitation (expired ones are acceptable) or | Rent/Mortgage Receipt (most recent) or | Award letter of Unemployment Benefits or |
| Certificate of Naturalization (N-550 or N-570) or | Proof of Alien Status (Alien card must be provided if applicable) or | Letter from Government Agency (most recent) or | Social Security Statement (most recent) or |
| State Issued ID Card or | Certificate of U.S. Citizenship (N-560 or N-561) or | Prison Release Papers or | Tax Return and W2 (current year) or |
| • Foreign Country ID Card or | Permanent Residency Card or | Utility Bill (most recent) or | Pension Statement (most recent) or |
| Permanent Residency Card | Government Issued Birth Certificate | Vehicle Registration (current) or | Veteran's Affairs Benefits Statement (most recent) |
| AND | | Voter Registration (current) or | Bank statements with direct deposits (3 |
| Social Security Card* | | | consecutive months) |

^{*} Only Required for MSI applications

| MEDI-CAL APPLICATION | HEALTH INSURANCE | PROOF OF HIV (ONLY REQUIRED ONCE) | TREATMENT MONITORING (LAST SIX MONTHS) |
|---|---|---|--|
| Proof of Medi-cal Application (if available) or MC219 Rights & Responsibilities Medi-cal Application Denial Letter (if available) | Documentation of Any Current Health Insurance Coverage (if applicable) or Documentation of termination from Private Health Insurance | Verification signed by M.D. with at least one of these items mentioned: (1) indication that clients is being treated for HIV/AIDS or (2) statement of quantitative viral load or HIV Confirmatory Test (Western Blot or IFA) | CD 4 and Viral Load |