

DOCUMENTATION CHECKLIST FOR HEALTHCARE ACCESS PROGRAM

Please provide the following documents

COPIES of the following are ACCEPTABLE:

Proof of Residency in Santa Clara County – Provide any *ONE* of the following

- Rental Contract/Lease
- Mortgage Statement
- Utility Bill (Water, Gas, Electric, etc.)
- Homeless (Completion of patient statement form)
- Vehicle Registration
- Driver License (Current)
- Letter of support from person with whom applicant is living and proof of residency for that person

Patients who are NOT residents of Santa Clara County may be eligible for HAP coverage for emergency services provided by Santa Clara County provided all the other eligibility requirements are met. In those facilities where there is excess capacity, Non-County Residents may receive nonemergency healthcare services.

Proof of Identity (Photo ID Required)– Provide any *ONE* of the following

- Driver's License
- Passport
- Government issued ID card
- Work or School ID card
- Birth Certificate along with any identification (such as gym/Costco)

Proof of Income – Provide any *ONE* of the following

- Check Stubs (All stubs not older than 45 days from application date)
- Tax Return (current tax year)
- Military Benefits Statement
- Cash income statements (including tips)
- Rental Income receipts
- Award Letter (Social Security, Unemployment, Disability, Worker's Compensation)

Eligibility for some programs requires that patients provide Proof of US Citizenship or Proof of US Permanent Residency. If an eligible patient applies for one of these programs, he or she will be required to provide Proof of US Citizenship or US Permanent Residency and will be instructed to bring the original document (no copies will be accepted) to the financial screening interview.

Undocumented individuals may be eligible for some programs that do not require Proof of US Citizenship or Proof of US Permanent Residency.

Depending upon patients' declarations, and/or discrepancies in documentation, additional documentation may be required. If additional documentation is required, patients will be instructed which additional documents to provide. Patients must submit a completed Financial Assistance Application or qualify as Presumptively Enrolled for Discount Care within 180 days of receiving the first statement.

Provide all required documents by:

Behavioral Health Services Department
2221 Enborg Lane
San Jose CA 95128
408-885-6220