## **Financial Assistance Program Screening Checklist**



At the time of service, it was determined you are uninsured or underinsured and would benefit from our financial assistance program. For your application to be considered, certain documents are required. Please provide the information as indicated below for yourself and any adults residing in your household who reports you on their Tax Returns or provides support to your living expenses, as the Financial Assistance Program is based on household income.

Che	ecklist (	of required information (	please provide a	ll that applies):		
	□ Photo Identification					
	<ul> <li>□ Proof of Citizenship:         <ul> <li>Social Security Number Card</li> <li>Visa with I-94 attached</li> <li>Permanent Residence Card</li> <li>Birth Certificate and/or Proof of Naturalization</li> </ul> </li> </ul>					
<ul> <li>Proof of Income:         <ul> <li>Employed - Most recent paycheck stub. If paycheck stub includes overtine etc. then need at least two recent paycheck stubs.</li> <li>Self-Employed - Prior year IRS tax return with all schedules or three more Profit and Loss Statements.</li> <li>Unemployed - Unemployment check statement or unemployment compedetermination notice or unemployment compensation termination notice.</li> <li>Disabled - Award letter for SSA/ SSI, Veterans benefits, pension/retiremental benefits, etc.</li> </ul> </li> </ul>						
	☐ Child Support - Only court ordered child support may be used. Must have a copy of the court order or verification from Child Support Office.					
	☐ Most recent Checking and Savings account bank statement (for Medi-Cal determination only)					
	☐ Savings Bonds, Stock Certificates, Credit Union Statements, Money Market Certificates (excluding retirement and deferred compensation plans).					
	□ Car	registration and most re	ecent car note sta	atement.		
		of of filing for Medi-Cal, gibility Worker.	even if denied, in	cluding name and	d telephone number for y	our
Pleas	se mark	which FC account is be	eing referred to (s	see scope of serv	rices for detailed informa	tion)
	Mark	Name	Phone #	Fax #	Work Hours	
		Catherine Benjamin	707-624-7625	707-646-4848	M-F; 8:00am-4:30pm	
		Natalia Dyke	707-646-5636	707-646-4893	M-F; 8:00am-4:30pm	
		Danetta Williams	707-624-7679	707-646-4894	M-F; 8:00am-4:30pm	