



COMMUNITY HEALTH CENTER

Visiting Nurse Association of Central Jersey

ELIGIBILITY CRITERIA

PLEASE PROVIDE THE FOLLOWING DOCUMENTS FOR COMPLETION OF YOUR SLIDING FEE SCALE APPLICATION

IDENTIFICATION

The following forms of ID are acceptable:

- Valid Photo Driver's License
- Birth Certificate
- Social Security Card
- Alien Registration Card (Green Card)
- Valid Passport
- Employee Photo ID
- Public Assistance Identification Card

PROOF OF INCOME

The following forms are acceptable for proof of income:

- Current pay stub
- Unemployment pay stub
- Social Security Entitlement Letter - or Social Security Disability
- Bank Statement direct deposit of Income
- Statement from employer stating date of hire, hours worked and gross income and if (paid monthly, weekly or biweekly)
- Most recent Income tax return
- Most recent W2 or 1099 Form
- No income: Please provide a "letter of support". **The letter must state the name and address of the person responsible for providing your basic needs, including rent or shelter and food. With their signature.**

PROOF OF RESIDENCE

- Bill (gas, electric, water, phone, or lease contract in your name.) Any bill with your name and current address.
- Letter from the person you live with stating that you live there with them at their address and a copy of their utility bill