

## REQUIRED ITEMS FOR ELIGIBILITY

### Picture ID

Please provide **one** of the following:

- State-issued driver's license
- USCIS document
- Foreign ID
- Passport
- School ID

### Proof of your household's income

Please provide **all that apply for everyone in the household:**

- Check stubs for the current month (if paid weekly last 4 paystub, if paid bi-weekly last 2 paystubs, if paid monthly last 3 paystubs)
- Current tax return (All Schedule)
- Unemployment benefits letter
- Wage Detail from Workforce (if unemployed)
- Assistance Statement Verification (Supporter Statement that indicates unemployment and/or zero income - Request a copy with Front Desk)
- Retirement or Social Security benefits letter
- Child support payment letter

### Proof you are the parent or legal guardian of all children in your household (Family Size)

Please provide **all that apply:**

- Birth certificate for each child
- Legal guardianship papers
- Social Security Card
- Adoption papers
- Any applicable court documents
- Tax Return (children under 18 listed as dependents)

### Proof of Address

Please provide **one** of the following **under your name:**

- Current Lease
- Mail postmarked in the last 30 days
- Assistance Statement Verification (Supporter Statement – Request a copy with FrontDesk)
- Utility/Phone/Cable/ Credit Card bill

### Proof of marital status

Please provide **one** of the following:

- Copy of marriage license
- Copy of joint tax return
- N/A for Common law

Please notify our staff if you are pregnant and/or have a chronic medical condition as we may assist you in applying for state funded programs.

Please call 832-548-5223 or email [myeligibility@legacycommunityhealth.org](mailto:myeligibility@legacycommunityhealth.org) to schedule an appointment or if you have any questions.