CLINIC NAME Residency & Proof of Income Documentation Requirement for Dental Patients

Patient's Name_____ **Date**_____

- **Residency:** Proof of COUNTY NAME(S) residency
  - Valid STATE Driver's License displaying current address
  - Valid STATE State, Student, Government Issued or Military ID displaying current address
  - **If ID does not indicate current address, must also provide one of the following**
  - Bank statement; apartment lease; utility, credit card, or hospital bill issued in patient's name containing current address of residence.

- **Current Tax Forms**: Annual income for **all** contributing members of the household: copy of FEDERAL 1040 (BOTH PAGES) or 1040 EZ. If taxes are self-prepared; Form must be signed & dated. 1099, 1099-INT, or 1099-DIV may be required.

- **Salary/Wages:** One (1) month-consecutive pay stubs. Must supply 4 if paid weekly or 2 if paid twice monthly. Check stubs must show year-to-date income from **all** contributing members of household.

- **Social Security From Any Source:** Original "NOTICE OF AWARD LETTER", DATE OF MEDICARE ELIGIBILITY, SSA 1099 Form, benefit statement for current year; or copy of most check or check stub, from **all** contributing members.
  - Social Security Retirement
  - Supplemental Security Income (SSD) or Widows and Survivors Benefits:
  - Social Security Disability:
    - If you do not have your original "Notice of Award Letter", go to the Social Security Office & inform them that you are working with St. Martin's Clinic to obtain free dental care. Ask them to provide this information on their letterhead: type of Social Security Benefits and date first received; date of Medicare eligibility.

- **Other Income:** Benefit statement or copy of most recent check or check stub showing year-to-date income.
  - Child Support
  - Pension/Retirement
  - Rental Income
  - TANF Award Letter
  - Unemployment Compensation
  - Veteran's Benefit
  - Worker's Compensation

****

Office Use Only - Dental

Patient's Full Name_____ **Date Form Given to Patient** _____

- **Residency with Current Address Listed:** **Date Rcvd:**_____
  - Valid STATE Driver's License
  - Valid STATE State, Student, Government Issued or Military ID

- **Residency without Current Address Listed In Addition to the Above:** **Date Rcvd:**_____
  - Bank statement; Apartment Lease; utility, credit card, or hospital bill

- **Current Tax Forms:** **Date Rcvd:**_____
  - 1040 / 1040A / 1040EZ
  - 1099 / 1099-INT / 1099-DIV

- **Employee Pay Statement:** **Date Rcvd:**_____
  - 2 pay stubs (paid bi-monthly) 4 pay stubs (paid weekly)

- **Social Security:** **Date Rcvd:**_____
  - Social Security Retirement
  - Supplemental Security Income (SSD) or Widows/Survivors Benefits:
  - Social Security Disability

- **Other Income:** **Date Rcvd:**_____
  - Child Support
  - Pension/Retirement
  - Rental Income
  - TANF
  - Unemployment
  - Veteran's Benefit
  - Worker's Comp