



## **ELIGIBILITY REQUIREMENTS**

- Florida Keys resident
- No health insurance of any kind
- Meet income restrictions

Eligibility is not influenced by race, sexual orientation, home ownership, marital status, citizenship status, or inability to provide payroll or IRS documentation.

### 2024 Patient Income Maximums

Family Size	Monthly Income
1	\$ 3,765
2	\$ 5,110
3	\$ 6,455
4	\$ 7,800
5	\$ 9,145
For each additional person add \$ 1,345	

## **TO APPLY**

Submit applications and documents by email, fax or in person at either office. Upon review, additional documents may be required. Please reach out for questions or assistance in applying.

Phone: (305) 853-1788

Fax: (305) 853-1789

[info@thegoodhealthclinic.org](mailto:info@thegoodhealthclinic.org)

[www.thegoodhealthclinic.org](http://www.thegoodhealthclinic.org)

**TAVERNIER:** 91555 Overseas Hwy, Suite 2, Tavernier, FL 33070

**MARATHON:** Gulfside Village Plaza, 5800 Overseas Hwy, Suite 36, Marathon, FL 33050

---

## **REQUIRED DOCUMENTS**

**Completed Application**

For each household member seeking services

**Photo ID**

Driver License, passport, state ID, etc.

Don't have an ID? Complete application and let our staff know.

**Proof of Address** (Provide **ONE** of the following)

- Driver's License or state ID with address
- Deed, mortgage statement, current lease, notarized letter from landlord stating address.
- 2 pieces of official mail (from bank, utility company, government agency, etc.)
- No permanent address? Complete application and let our staff know.

**Proof of Income** (Provide **ALL** of the below for ALL adult members of your home)

- Current Tax Return
- Most recent month of pay stubs from all employers
- Documentation for social security or other government income received

NOTE: If you did not file taxes or are paid in cash, you are still welcomed and encouraged to apply. Good Health Clinic staff will assist in completing this portion of documentation.





Primary Language? \_\_\_\_\_

Do you need an interpreter?  YES  NO

My regular transportation is:  my own car  A borrowed car  rides from friend/family  
 a bicycle  walking  Public transportation

**MONTHLY INCOME:**

Total family WAGES \$ \_\_\_\_\_  
Other income:  
Rental income \$ \_\_\_\_\_  
Investments \$ \_\_\_\_\_  
Social Security (SSI or SSDI) \$ \_\_\_\_\_  
Pension/retirement funds \$ \_\_\_\_\_  
Workers' Compensation \$ \_\_\_\_\_  
Unemployment Compensation \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Misc. Income (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**MONTHLY EXPENSES:**

Mortgage/Rent \$ \_\_\_\_\_  
Telephone / Internet \$ \_\_\_\_\_  
Electric \$ \_\_\_\_\_  
Water \$ \_\_\_\_\_  
Car Payments \$ \_\_\_\_\_  
Auto Insurance \$ \_\_\_\_\_  
Credit card payments \$ \_\_\_\_\_  
Other loan payments \$ \_\_\_\_\_  
Misc. Expenses (specify)  
a. \_\_\_\_\_ \$ \_\_\_\_\_  
b. \_\_\_\_\_ \$ \_\_\_\_\_  
c. \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Income:** \$ \_\_\_\_\_

**Total Monthly Expenses:** \$ \_\_\_\_\_

Are you a Veteran?  Yes  No

**Education:**

**Marital Status:**

**Ethnicity/Race**

White  
 Hispanic/Latino  
 African American/Black  
 Asian  
 Other: \_\_\_\_\_

Did not graduation high school  
 High school / GED  
 Some college  
 Completed college  
 Completed trade school  
 Master's degree or higher

Single  
 Married  
 Domestic Partner  
 Separated  
 Divorced  
 Widow(er)

**APPLICANT STATEMENT OF VERACITY AND COMPREHENSION**

By signing below, the applicant attests all information and documents submitted are true and accurate. The applicant agrees that in the event any material omission, misstatement or misrepresentation is identified concerning this application, the applicant will be liable for all costs associated with services provided by Good Health Clinic and its affiliates for the duration this application was considered active. Applicant will also be responsible for attorney fees and costs incurred by Good Health Clinic in the enforcement of this agreement.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

