



(304) 897-5915
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PO Box 97
Baker, WV 26801
HAWSEHEALTH.COM

The types of information required to process your application are listed below. This information is necessary to document proof of household income and the number of people living in the household. Please indicate with a check mark on the space to the left, which information you are providing if responding by mail. If responding in person, please bring the documents with you. The health center staff will make copies for you at no charge.

SEND COPIES ONLY – ORIGINALS CAN NOT BE RETURNED.

- Weekly, bi-weekly or monthly pay stubs. 4 weeks of pay stubs for a month are needed.
- Last year's W-2 and **COMPLETE** Federal Income Tax return including **ALL** attachments and schedules.
- Benefits from unemployment that states your total amount received and number of weeks you will receive it.
- Current benefit **LETTER** from Social Security that states your monthly benefit amount before any deductions.
- Benefit **LETTER** from DHHR that states your cash benefit amount.
- Benefit **LETTER** from DHHR that states your food stamp amount.
- Court order that states your child support and/or alimony and when you are to receive it (weekly, monthly, other)
- Benefit **LETTER** that states your pension or retirement amount and when you are to receive it (weekly, monthly, other)
- Interest or dividend statement with monthly or yearly amount.
- Award letter for military or veterans benefits.
- Social Security Card **OR** State issued Birth Certificate **OR** hospital issued birth certificate **for all children under the age of 18.**
- Photo Identification (Driver's License, School Identification, etc.) of all residents of the household over the age of 16. PLEASE MAKE SURE THEY ARE LEGIBLE.

Thank you,

Kimberly Miller

Kimberly Miller
(304) 897-5915 ext. 272
E. A. Hawse Health Center, Inc.

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