

**Community Health Outreach Center**

**5126 Timuquana Road**

**Jacksonville FL 32210**

**904-573-1333**

**Pick-up and drop off for applications Monday-Thursday 9am-1pm (ONLY)**

Community Health Outreach Center provides comprehensive health services, food assistance, and pregnancy center to Duval County residents in need.

In order to be a patient in our Medical Clinic you have to be a Duval County Resident without any insurance. We also cannot accept any Shared Cost Medicaid or any form of Medicaid.

**Income Verification** needed for self, spouse, or significant other for the last 30 days (most recent)

If you get paid every week: Your last four check stubs is needed

If you get paid every two weeks: Your last two check stubs is needed

If you cannot provide check stubs, we will accept 2 months bank statements

If you get paid cash, a notarized letter from your employer with the job letterhead is accepted

If you receive Social Security or SSI, the present year Awards Letter is needed

If you receive Child Support, Alimony, or a Settlement, you need a recent printout of income received for that month

**Housing Verification:**

If you are staying with someone, you need a notarized housing form (included inside of packet). Please make sure the housing form is stamped and notarized in both places. There is a place on the housing form for yourself and the person who is providing housing.

If someone is supporting you financially, a Letter of Support is needed (included inside of packet). Whomever is supporting you will fill-out the Letter of Support and get it notarized.

If you are receiving both housing and financial help, please get both forms filled out and notarized.

Any additional questions you may have please feel free to contact medical @ 904-573-1333 EXT: 100



**COMMUNITY HEALTH  
OUTREACH**





## Certification of Housing Form

If you are currently in an unstable housing situation, homeless, have been homeless in the last 12 months or are renting with no lease, this form must be filled out. You and the person you are staying with or renting from must bring proof of identification to the notary and have it signed and notarized.

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm /dd/ yyyy

**NAME OF PERSON patient is living with/renting from:** \_\_\_\_\_  
 (cannot be patient name)

**Relation of above PERSON to the PATIENT:** \_\_\_\_\_  
 (parent, friend, brother/sister, landlord, etc)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Length of time you have been living at above address:** \_\_\_\_\_ **Until When?** \_\_\_\_\_  
 (for example: 1 year)

**Reason(s) for unstable housing:** \_\_\_\_\_

THE ABOVE DESCRIPTION IS A TRUE AND ACCURATE ACCOUNT OF MY CURRENT LIVING SITUATION

**STATE OF FLORIDA COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, by \_\_\_\_\_  
(Month) (Patient Name)

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Type of ID produced:** \_\_\_\_\_

**NOTARY SIGNATURE AND STAMP:** \_\_\_\_\_

**STATE OF FLORIDA COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, by \_\_\_\_\_  
(Month) (Patient Name)

**Signature of Person** \_\_\_\_\_ **Date** \_\_\_\_\_ **Type of ID produced:** \_\_\_\_\_  
**Providing Housing**

**NOTARY SIGNATURE AND STAMP:** \_\_\_\_\_

## LETTER OF SUPPORT

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

Fecha: \_\_\_\_\_

To whom it may concern:

I, \_\_\_\_\_ hereby certify that I live at the following address \_\_\_\_\_  
\_\_\_\_\_, and that I provide \_\_\_\_\_

With food/shelter or both, since the patient is unable to work at this time.

A quien pueda interesar:

Yo, \_\_\_\_\_ por la presente certifico Que resio en la siguiente direction  
\_\_\_\_\_ Que proveo a \_\_\_\_\_

Con comida y albergue y que esta persona no pose un empleo en presente.

Sincerely,  
Sinceramente,

\_\_\_\_\_  
Signature  
Firma

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (name of person making statement).

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)  
(Name of Notary Typed, Printed, or Stamped)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced