



Florida Department of Health in Volusia County
Financial Eligibility

Requirements to apply for financial assistance:

- Birth certificates or Social Security cards for everyone in your household
Picture ID (example: driver's license) of all adults in the household
Current utility bill with service address of where you live
Current rent receipt or mortgage statement with street address or shelter verification form
Proof of all gross earnings within the last (eight weeks) two months
Bank statements of all accounts for the most recent two (2) months
Self-Employed: Notarized letter stating last two (2) months of gross earnings
Not Working: Notarized letter from someone that knows you but does not live with you
Pregnant: Proof of pregnancy with expected delivery date.

If you or any of your household members receive any of the benefits listed below, please bring proof with gross (\$) amounts:

- Any Social Security income
AFDC (welfare checks/food stamps)
VA Pension
Unemployment
School Financial Transcript (tuition cost/ grants/ scholarships/ loans/ etc)
Divorce Decree or Legal Separation Document
Child support received or paid
Workers' Compensation
Child Care expense
*You may be asked to register with One Stop Career Center
*You may be asked to apply for benefits at Dept. of Children & Families

Please Note:

Currently the Florida Department of Health in Volusia County no longer offers Primary Care Services. However, you may be eligible to receive Family Planning, STD and Dental services on a sliding fee scale. Please contact the financial counselor listed below for details.

FOR AN APPOINTMENT PLEASE CALL ONE OF THE NUMBERS BELOW

If you do not have all documentation, you will be rescheduled

Melissa Butler/Daytona/NSB

Alma Nava/Deland

Maria Castro Daytona/Deltona

Daytona
1845 Holsonback Dr
Daytona
386-274-0514 / 386- 274-0508

DeLand
935 N. Spring Garden Ave
DeLand
386-822-6214

Deltona
3151 Howland Blvd
Deltona
386-789-7515

New Smyrna Beach (NSB)
717 W. Canal Street
New Smyrna Beach
386-424-2065, ext. 2073

NAME: _____

DATE: _____

TIME: _____