



Please review our Eligibility Guidelines and Documentation Requirements to see if you qualify for our services.

3 Steps to Qualify



Call to schedule an appointment during our normal hours to determine eligibility and provide required documentation.



Bring in required documentation and the annual registration fee. \$15.00 per individual, \$25 per family.



Make your appointment and/or bring in your prescription to be filled during our normal business hours.

You Qualify if You Are	You DO NOT Qualify if You Are
OVER the age of 18 and under 64	UNDER the age of 18 or over 64
A veteran with NO benefits	A veteran with benefits
Currently employed and earn LESS than or equal to 200% of the Federal Government Poverty Level Guidelines (see chart below)	Currently employed and earn MORE than 200% of the Federal Government Poverty Level Guidelines (see chart below)
Have NO health insurance coverage	Have health insurance coverage
NOT enrolled for state or federal coverage <i>(Medicaid or Medicare)</i>	Enrolled in state or federal coverage <i>(Medicaid or Medicare)</i>
NOT a member of PVCHC <i>(Peak Vista Community Health Center)</i>	A member of PVCHC <i>(Peak Vista Community Health Center)</i>

See Documentation Requirements Below

Documentation Requirements

1. **Photo Identification**
2. **Proof of residency in El Paso or Teller Counties**
 - Lease and most recent Utility Bill
3. **Proof of Income**
 - **Mandatory Items** (*if applicable*)
 - Income Tax Forms are required (if you've filed) / previous year W-2 (if you've worked & not yet filed)
 - Disability letter from Social Security Administration (if you are receiving disability)
 - Food stamp letter showing the amount you receive monthly (if you are receiving this assistance)
 - **If you have not filed Income Tax documents in recent years or don't have a W-2, Please provide the following:**
 - Pay Stubs from previous 2 months
 - Bank Statement for automatic deposits for 2 previous months
 - Unemployment Compensation Voucher

2017 Federal Poverty Level Guidelines

You must be actively employed and earn less than or equal to the amount specified for you family size to be eligible for our clinic.

Family Size 200% Guideline

1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640