



## **Eligibility Criteria for Polk County Residents**

**(Note: ALL record retention required for a minimum of 10 years)**

An individual participating in innovative, cost-effective programs funded through the UWCF Community Wellness Grant must meet the following criteria:

1. **NON-RECURRING VISIT/SERVICE CRITERIA (a.k.a. One-time service/event):**

All recipients receiving a non-recurring visit/service will be required to meet Polk County residency (Minors qualify under Parents) as established utilizing the following:

- a. Sign-in Log and/or Registration Form (i.e., *Registration Form Non-Reoccurring Services.pdf*), for a one-time visit/service, that includes the following data elements:
  - Date of Service: MM/DD/YYYY
  - Service/Event Location
  - Service Type Provided
  - Client First Name
  - Client Last Name
  - Client Residential Address
  - Client Zip Code
  - Client Email Address
- b. Proof of Polk Residency –Florida Driver License or Florida Identification Card, other acceptable proof of residency as indicated on the *Proof of Residency Guidelines* (**Id number or account number must be indicated on the sign in log and/or registration form**), or County approved Declaration of Domicile Form (**if used, retain form**).

*Note: The total number of Declaration of Domicile Forms must be no more than 30% of individuals served.*

2. **RECURRING VISIT/SERVICE CRITERIA (i.e., Application Form Recurring Services.pdf):**

Sign-in Log and/or Registration Form (i.e., *Registration Form Recurring Services.pdf*), for a recurring visit/service, that includes the following data elements:

All recipients receiving recurring visits/services **must** meet the following criteria:

- a. Have no other health insurance, including Medicaid, Medicare, Polk Healthcare Plan, Veteran's Health Benefits, or any private insurance.  
Client signature is attestation on Application Form RECURRING SERVICES.pdf relating to health insurance.
- b. Provide proof that they are a current full-time resident of Polk County (copy retained).
  - (Defined in document, Acceptable *PROOF of RESIDENCY.pdf*)
  - (Last resort form, i.e., Homeless individual use *Eligibility – Declaration of Domicile.pdf*)
- c. Have a gross family/household income at or below 200% of the Federal Poverty Level Guidelines. (copy retained)
  - (Defined in documents, Acceptable *PROOF of INCOME.pdf* and *2023 FEDERAL POVERTY LEVELS GUIDE.pdf*)
  - (Last resort form: Eligibility - *Certification of zero income.pdf*).