

TO APPLY:

*Applications are processed from
on Tuesdays & Thursdays
by appointment.
972-772-8194*

Applicants **MUST** bring **ALL** of
the required documents in order
to be considered for the SS
program. Failure to present
required documents
WILL DELAY your application
process.



401 W. Rusk St., Suite 100
Rockwall, TX 75087
972.772.8194
www.rockwallhelpinghands.com

The Health Center of
Helping Hands provides
affordable, quality
healthcare to those that are
without a medical home or
to those seeking a low cost
alternative.

Donna Barnett
Practice Manager
donnabarnett@rockwallhelpinghands.com

If we can help you, please
contact us today.

972-772-8194

**The Health Center of Helping Hands
Sliding Scale Card**

Name: _____ DOB: __/__/__

Family members:

Effective Date:

Office Visit Fee:



**SLIDING SCALE
PROGRAM**

*An income based program
that provides
Rockwall County
residents with quality,
affordable healthcare.*

*401 W Rusk St. Suite 100,
Reeves Service Center
Downtown Rockwall
972.772.8194
rockwallhelpinghands.com*

Health Center Sliding Scale

The Health Center of Helping Hands, though a non-profit, is not a free clinic and must charge for services in order to continue serving its patients.

Fees for services are significantly lower than those charged by private practices, urgent care clinics or emergency rooms. If patients are unable to pay these basic charges, they may qualify for services at lower rates.

The Sliding Scale program is designed to temporarily assist Rockwall County residents with costs of medical needs during times of hardship.



How do I apply?

Patients must apply for the Sliding Scale program at the Health Center of Helping Hands.

Applications are processed on

**Tuesdays & Thursdays
by Appointment
972-772-8194**

All required documents MUST accompany applications in order to be considered.



What do I need to bring?

Applicants MUST bring the following documents in order to be considered for the SS program. Failure to submit required documents WILL DELAY your application process. All documents must be originals.

No photo copies will be accepted.

Identification for EVERY family member

- VALID** Driver's License
- Original** Birth Certificate
- Social Security Card w/ Picture ID
- VALID** Military ID
- Passport

Proof of residency for Rockwall County

- Utility bill (water, gas, electric)
- Mortgage or Lease agreement
- Residency Verification Form (available at the Health Center)

Proof of household income

One or more of the following documents **MUST** be submitted:

- Paycheck stubs for last 4 weeks for ALL employed family members
- Bank statements for the last 2 months
- Unemployment benefits letter or worker's compensation benefits verification f or any family members receiving benefits
- Documentation of SSDI, SSI, TANF or Veteran's benefits for any family members receiving these benefits
- Child support verification
- Employment Verification Letter (available at the Health Center)