



Open Door Clinic of  
Alamance County

ELIGIBILITY CHECKLIST

319E N. Graham Hopedale Road  
Burlington, North Carolina 27217  
(336) 570-9800 Office  
(336) 570-3376 Fax  
www.opendoorclinic.net

Dear: \_\_\_\_\_

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

**ALL** information below is required to be seen at the Open Door Clinic. Upon receipt of **ALL** requested information, you will be notified of your appointment date. You have **30 days** to return the documents below. Once you have reached your 30 days, we will no longer hold your application and you will have to start the application process over again.

① **Verification that you or the person you live with is an Alamance County resident.** *PO Box is not acceptable since this does not indicate your physical address.*

\_\_\_\_\_ Current **North Carolina driver's license** or **picture ID**. No out of state IDs accepted.

\_\_\_\_\_ Current utility bill such as water, cable, electricity, natural gas or land line telephone bill, etc. **DATED** (within 30 days).

\_\_\_\_\_ If you live in Liberty, Mebane or Gibsonville we will need an Alamance County tax bill, car registration or Food Stamp award letter **DATED** indicating your **PHYSICAL** address.

\_\_\_\_\_ If you live in a group home or shelter, please provide a statement from that facility indicating that you are currently residing there.

\_\_\_\_\_ If you **DO NOT** have any of the above documents, we will accept a Food Stamp Award letter.

\_\_\_\_\_ If you **DO NOT** have any of the above in your name, a notarized statement from the person you live with and their utility bill or food stamp award letter will be accepted.

② **Proof of Household Income**

\_\_\_\_\_ Your two most recent pay stubs if you are working, verification of gross unemployment benefits, verification of child support, pensions, retirement, social security or disability checks. **Current bank statements showing direct deposits of benefits is acceptable.**

\_\_\_\_\_ **IF** you filed taxes or you are listed on taxes with a spouse, parent or other family member, all family members receiving income will need to turn in their recent income as listed above.

\_\_\_\_\_ **IF you have NO income:** Provide a **NOTARIZED** statement from the person that supports you.

③ **Taxes**

\_\_\_\_\_ Current Federal Tax Return (1040) if you filed or 4506-t Form signed.

We must have your previous medical records to process your application.

Please complete a **Consent for Release of Information** for **each provider** you have seen **in the last 5 years**.