

**Grace Medical Home**  
**51 Pennsylvania Street**  
**Orlando, FL 32806**  
**407-936-2785**  
**www.gracemedicalhome.org**

Grace Medical Home will serve Central Florida uninsured residents, birth to age 65, who reside at or below 200% of the current Federal Poverty Level.

**Current Federal Poverty Guidelines**

<b>Size of Family Unit</b>	<b>200% Poverty Annual Threshold</b>	<b>200% Poverty Monthly Threshold</b>
1	\$21,660	\$1,805.00
2	\$29,136	\$2,428.33
3	\$36,624	\$3,051.67
4	\$44,100	\$3,675.00
5	\$51,576	\$4,298.33
6	\$59,064	\$4,921.67
7	\$66,540	\$5,545.00
8	\$74,016	\$6,168.33

**EXAMPLE:** If you are a single adult caring for 2 children, and you earn less than \$36,624 annually and/or \$3,051.67 monthly, then your family unit resides below 200% current Federal Poverty Level.

**Services:** Physical examinations; sick visits; treatment of chronic illnesses; vaccinations; laboratory services; x-ray capabilities; social services assistance; health education.

**Hours of Operation:** Monday thru Friday; 8:00am to 4:00pm

**Cost:** Patients will pay a \$20 annual enrollment fee. And a \$20 facility fee per visit.

**To Make an Appointment:** Please call 407-936-2785.

*“See to it that no one misses the grace of God.” –Hebrews 12:15*



**Grace Medical Home - Patient Eligibility**

A person interested in becoming a patient at Grace Medical Home must meet all the following eligibility criteria.

<b>Patient Eligibility Criteria</b>	<b>Provide Proof through ONE of the Following Documents</b>
Legal Resident of the United States	<ul style="list-style-type: none"> <li>• State or federal issued photo ID</li> <li>• Current college photo ID</li> </ul>
Currently living in Orange County	<ul style="list-style-type: none"> <li>• State or federal issued photo ID with address</li> <li>• Utility bill (electric, water, etc.)</li> <li>• Lease or rental contract</li> <li>• Letter from the person with whom you are living verifying the Orange County address where you live</li> </ul>
Earns less than 200% of the Federal Poverty Line (See chart on back)	<ul style="list-style-type: none"> <li>• Pay stub</li> <li>• 1040 (tax return form)</li> <li>• W2 (employer-filed wage &amp; tax statement)</li> <li>• Letter from employer verifying income</li> </ul>
Has been employed within the last six months, OR is a single parent, OR is a full-time student	<ul style="list-style-type: none"> <li>• Pay stub</li> <li>• Letter from employer verifying income</li> </ul>
Uninsured and not eligible for government assisted healthcare programs (such as Medicaid and Medicare)	Patient may be required to sign a form verifying they do not have insurance
<b>All patients under 18 must be accompanied by a parent or legal guardian. Legal guardians must supply proof of guardianship.</b>	

*If you meet the above criteria and would like to schedule an eligibility appointment, please call 407-936-2785.*