



Uninsured and need healthcare?

Western Tidewater Free Clinic may be able to help you!

To be a patient at WTFC you must:

- 1) Live in Suffolk, Franklin or Isle of Wight, Southampton, Surry or Sussex counties
- 2) Have no health or dental insurance
- 3) Be age 18 or older
- 4) Have a household income at or below:

# of People in Household	Hourly Income	Monthly Income	Annual Income
1	\$18.58	\$3,220	\$38,640
2	\$25.13	\$4,355	\$52,260
3	\$31.67	\$5,490	\$65,880
4	\$38.22	\$6,625	\$79,500
add for each additional person	\$6.55/hr	\$1,135/mth	\$13,620/yr

Items provided by patient include:

1. **PHOTO ID**
2. **PROOF OF RESIDENCY** – Current bill or other 1st class mail dated within the past 2 months – personal mail is NOT accepted
3. **PROOF OF INCOME** – Income must be provided for all persons listed on combined tax returns and/or contributing to household. Minimum = 1 of the following:
 - a. IRS Form 1040 Tax Return – **PREFERRED**
 - b. One month of current consecutive pay stubs or cash log (if currently employed)
 - c. 1099 Form from the previous year if self-employed
 - d. Disability Award Letter/Social Security Letter/Pension Award Letter/Retirement Award Letter
 - e. Unemployment Letter (if you are receiving unemployment)
4. **OTHER, IF APPLICABLE:** Virginia Medicaid Denial Letter

PLEASE CALL FOR AN APPOINTMENT:

(757) 923-1060 ext. 7004

Thank you!