

Montgomery Cares Application
 Email and Fax Cover Sheet
 Fax - 240-777-3148

Clinic: Mobile Medical Care

Applicant Name: _____

New _____ Renewal _____

SSN: _____ - _____ - _____ DOB: ____/____/____

Attached proof of Montgomery County residency (check at least one):

Mortgage, Lease or Property Tax Bill	
Current utility bill with complete name and address	
School records (current report card, progress report or letter of enrollment from school)	
Driver's license with current address	
Maryland state ID card	
Signed Federal Tax Return (Current Year only)	
Written statement on letterhead from an HHS provider who will verify the customer's address (Home visiting Social Worker, Community Health Nurse)	
Homeless - written statement on letterhead from shelter	
Official County or State correspondence on letterhead	
Letter from landlord/third party host and host's proof of residency	

Attached proof of income (check at least one):

Pay stubs --a patient may show his/her most recent four weeks or pay stub clearly indicating income year-to-date, or his/her income can be calculated for weekly income	
Most Recent Federal Tax Return, Signed	
Letter from employer , stating gross income per week or per month	
A copy of the previous year's relevant business tax return (Income is determined based on net income noted on the business returns)	
Affidavit of self-employment income if no documentation is available	
Disability statement	
Unemployment statement	
Social Security/SSI award letter	
Court statement about alimony payment	
Letter from relative or friend that includes: 1. The amount of support provided to the applicant 2. The relative or friend's address, phone number and signature	
A signed letter from the patient, a family member, a professional or other individual indicating that the applicant has no income.	
A letter from the applicant's former employer indicating termination of employment.	
A signed letter from the patient, a family member or employer indicating cash income.	