



# ***Loudoun County Health Department***

P.O. Box 7000  
Leesburg, VA 20177-7000



Environmental Health  
Phone: 703 / 777-0234  
Fax: 703 / 771-5023

## **PROCESS FOR MATERNITY ELIGIBILITY**

Community Health  
Phone: 703 / 777-0236  
Fax: 703 / 771-5393

**If you already have a proof of pregnancy and have not made an eligibility appointment yet, please call 703-777-0236 and ask for a maternity eligibility appointment.**

**\*\*PATIENTS WITH PRIVATE HEALTH INSURANCE OR MEDICAID DO NOT QUALIFY FOR OUR PROGRAM\*\***

## **DOCUMENTS NEEDED TO DETERMINE ELIGIBILITY**

1. **PHOTO IDENTIFICATION**
2. **PROOF OF ADDRESS** with your name and present address
3. **DOCUMENTED PROOF OF PREGNANCY** by a health care provider
4. **PROOF OF INCOME** from all working members of your household  
**\*\*if you do not bring all documents to your appointment, your eligibility will not be processed and you will be rescheduled\*\***

**These are examples of documents you can present for each category:**

1. **PICTURE IDENTIFICATION**
  - a- Passport
  - b- Drivers license
  - c- ID from your country
  - d- Green Card
2. **PROOF OF ADDRESS:** If using a bill it needs to be addressed to you
  - a- An electric bill, gas, telephone, cell
  - b- Rental agreement
  - c- Driver's license
  - d- DMV issued ID
3. **PROOF OF PREGNANCY: PLEASE NOTE THAT WE CANNOT ACCEPT A HOME PREGNANCY TEST**
  - a- A pregnancy test done at the Loudoun Health Department or any other health care provider
  - b- A sonogram with documented weeks of pregnancy
  - c- If you have received maternity care at any other facility, please bring your records

### **PROOF OF INCOME:**

- a- The 3 most recent pay stubs with consecutive dates
- b- If you get paid cash you can bring a letter on letter head from your employer stating hours worked per week and hourly rate.
- c- If you are self employed you can present the most recent Income Tax return
- d- If you or your partner receives Unemployment Benefits or Compensation, provide the letter stating monthly payment
- e- If you reside with a friend or relative, you **MUST** present their 3 most recent paystubs, as well as a support statement.

**YOUR ELIGIBILITY APPOINTMENT WILL BE AT HEALTHWORKS FOR NORTHERN VIRGINIA**  
**163 FORT EVANS ROAD NE LEESBURG, VA 20176- 1<sup>ST</sup> FLOOR MATERNITY OFFICE**

**\*\*PLEASE NOTE THAT IF YOU ARE MORE THAN 10 MINUTES LATE, YOUR APPOINTMENT WILL NEED TO BE RESCHEDULED. \*\***

DATE: \_\_\_\_\_

## REGISTRATION

THIS SECTION SHOULD BE COMPLETED WITH THE INFORMATION OF THE PERSON WHO WILL BE RECEIVING SERVICES

1. FULL NAME:		SEX:	DATE OF BIRTH:
ADDRESS:			
HOME PHONE NUMBER:	CELL PHONE NUMBER:	WORK PHONE NUMBER:	
SOCIAL SECURITY NUMBER:	COUNTRY OF ORIGIN:	MARITAL STATUS:	
DO YOU HAVE PRIVATE HEALTH INSURANCE?	DO YOU HAVE MEDICAID?	WHAT LANGUAGE(S) DO YOU SPEAK?	

### LIST ALL THE MEMEBERS OF YOUR HOUSEHOLD

(HUSBAND/PARTNER, CHILDREN AND/OR LEGAL DEPENDENTS)

2. FULL NAME:		SEX:	DATE OF BIRTH:
RELATIONSHIP TO YOU:	DOES THIS PERSON HAVE PRIVATE HEALTH INSURANCE OR MEDICAID?		
3. FULL NAME:		SEX:	DATE OF BIRTH:
RELATIONSHIP TO YOU:	DOES THIS PERSON HAVE PRIVATE HEALTH INSURANCE OR MEDICAID?		
4. FULL NAME:		SEX:	DATE OF BIRTH:
RELATIONSHIP TO YOU:	DOES THIS PERSON HAVE PRIVATE HEALTH INSURANCE OR MEDICAID?		
5. FULL NAME:		SEX:	DATE OF BIRTH:
RELATIONSHIP TO YOU:	DOES THIS PERSON HAVE PRIVATE HEALTH INSURANCE OR MEDICAID?		
6. FULL NAME:		SEX:	DATE OF BIRTH:
RELATIONSHIP TO YOU:	DOES THIS PERSON HAVE PRIVATE HEALTH INSURANCE OR MEDICAID?		

## **Safety of your Children during your appointment**

We request that you not bring your children to your clinic appointment.

We discuss private matters with you that you may not want your child to hear.

We are providing physical examinations that you may not want your child to see.

The safety of your children is of utmost importance, therefore, they cannot be left unattended in the hallway or waiting room.

We cannot be responsible for your children while we are providing care to you.

Also, older children cannot be responsible for watching younger siblings in the waiting room. Building security does not allow children to be unattended in the lobby.

If you cannot find a babysitter for your baby please bring a stroller or car seat to secure the baby during your exam.

We want to provide you with the best possible service. In the event your child's behavior is disruptive and/or not controlled during the appointment we may need to reschedule the appointment.

Thank you on behalf of the clinic staff.