



Nueces County Hospital District

Nueces Aid Program Financial Assistance Requirement List

A. PROOF OF INCOME

1. Past three months of income or quarterly profit and loss statements for self-employed
2. Award letters or payment history on any unearned income

B. PROOF OF RESIDENCE

1. Current utility bill or mail received by applicant
2. Lease agreement, house payment receipts

C. IDENTIFICATION

1. Picture identification, driver's license, Texas ID, school ID, etc.
2. Social Security Card
3. Birth certificate

D. PROOF OF RESOURCES

1. Bank and/or Credit Union checking and savings account statements
2. Certificates of Deposits, IRA's, retirement plans, stocks, allotments, etc.
3. List and description of all vehicles in household

NOTE: Additional information may be required in all categories. For self-employed individuals or any questions, please call us for assistance.

Locations for Enrollment Services:

Dr. Hector P. Garcia Clinic NCHD Enrollment Services 2606 Hospital Blvd. Corpus Christi, TX 78405 Ph: (361) 902-4855 Fax: (361) 881-1446	Christus Spohn-FHC-Westside NCHD Enrollment Services 4617 Greenwood Road Corpus Christi, TX 78416 Ph: (361) 814-8448 Ph: (361) 814-8449	Christus Spohn-FHC-Robstown NCHD Enrollment Services 1038 Texas Yes Boulevard Robstown, TX 78380 Ph: (361) 861-9005 Ph: (361) 861-9006
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Walk-ins Welcome Monday-Friday
8:00 am to 11:00 am, 1:00pm to 3:00 pm
www.nchdcc.org