

## **Applicants must provide the following to qualify for services:**

- Copy of original prescription
- Government issued photo ID
- Proof of Dallas County residence
- Proof of financial need, must be 200% below federal poverty level (bank statement, paystub, social security award letter or a letter from a referring social worker verifying the client is unable to pay is acceptable)
- Uninsured, gap in coverage(decline letter)
- Completed DME Exchange intake form
- Please fax items to 888-235-3639

\*Proof of Parkland Health Plus coverage satisfies the residence and financial qualifications\*