



*Dr. Mary Ludwig Free
Clinic
816 Mill Street
Crawfordsville, IN
765-362-3244*

Eligibility

The Montgomery County Free Clinic seeks to provide medical care to people and families who:

- are residents of Montgomery County;
- have a household income at or below 300% of the poverty level (See household sizes below); and
- do not have health insurance, Medicaid, Medicare, or HIP 2.0

If this describes you, then please fill out an online application at www.mcfreeclinic.org. Applications are also available in print at the Clinic on registration days. Once you have the form completed with all necessary documents, please return to the clinic during normal business hours. All applications will be processed on a case-by-case basis. If you are unsure of your eligibility, please fill out an application and stop by the clinic during normal business hours to speak with our staff about registering for care.

What is 300% of the Federal Poverty Level?

The United States Department of Health and Human Services determines the definition of the poverty level on a yearly basis. The table below outlines the description of 300% below the federal poverty level for 2016. To become a clinic patient, your household income must be at or below the amounts listed in the table below for your particular household size:

Persons in Household	Household Income
1	\$35,640
2	\$48,060
3	\$60,480
4	\$72,900
5	\$85,320
6	\$97,740
7	\$110,190
8	\$122,670
*For each additional person more than 8 add an additional \$4,160	

Registration Days

Please come in and visit us on Wednesdays (11-2:30 or Thursday (9-11 and 1- 2:30). Make sure to bring all necessary documents listed below and on our website. If you wish to complete the online application prior to arriving at the clinic, it will make your visit a bit faster. If not, paper copies will be available. A \$10 deposit is also required before getting a first appointment.

Immunizations (Walk-In every Tuesday morning from 9-am-11:30am)

Every Tuesday from 9 AM – 11:30 AM (walk-in) and the **first** Tuesday of every month from 4:00 PM – 6:00 PM (by appointment only). Either call **765-362-3244** or email **appointment@mcfreeclinic.org**.

Required Documents for Care (one document from each column)

Proof of Identity	Proof of Montgomery County Residency (CURRENT AND 6 MONTHS AGO)	Proof of Current Gross Income (including all family members living in household)
Government issued photo ID, OR Passport, OR Green Card	Copy of current and 6 months ago utility bill, telephone bill, credit card statement or bank statement; OR Correspondence from employer, Social Security Administration (SSA) or other government agency; OR Copy of rental or lease agreement; OR If your name (patient) is not on the documents, you must have a reference, in writing with a phone number, that you receive your mail at the indicated address (address written on paper is not acceptable).	Most recent federal income tax return; OR Two most recent pay stubs (including unemployment checks), or letter from employer stating hours worked and rate of pay; OR Letter from the SSA, Veterans Administration, or any other agency from which a benefit is received showing the monthly allowance. If this is a direct deposit, then the most recent bank statement. OR If no income, a written, signed and dated statement from the person(s) providing assistance with contact information must be provided.

If you have any concerns or questions, you may call or visit the clinic during regular business hours or email us at application@mcfreeclinic.org.