



# HEPATITIS RESOURCE GUIDE

## OKALOOSA COUNTY – PUTNAM COUNTY

BUREAU OF COMMUNICABLE DISEASES  
DIVISION OF DISEASE CONTROL AND HEALTH PROTECTION  
FLORIDA DEPARTMENT OF HEALTH

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# TABLE OF CONTENTS

Okaloosa County ..... 3

Okeechobee County ..... 7

Orange County ..... 10

Osceola County ..... 18

Palm Beach County ..... 21

Pasco County ..... 29

Pinellas County ..... 38

Polk County ..... 47

Putnam County ..... 55

## OKALOOSA COUNTY

|          |                                                                                     |                            |    |     |       |  |
|----------|-------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | County Health Department Contact—Phoebe Dunn or Jeannette Glass                     |                            |    |     |       |  |
| ADDRESS  | 221 Hospital Dr. NE                                                                 |                            |    |     |       |  |
| CITY     | Fort Walton Beach                                                                   | STATE                      | FL | ZIP | 32548 |  |
| PHONE    | 850-344-0611 or 850-344-0608                                                        | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="http://okaloosa.floridahealth.gov/">http://okaloosa.floridahealth.gov/</a> |                            |    |     |       |  |
| SERVICES | Hepatitis B and C screening, Hepatitis A and B vaccinations                         |                            |    |     |       |  |

|       |                                                   |  |  |  |  |  |
|-------|---------------------------------------------------|--|--|--|--|--|
| NAME  | DOH Regional Volunteer Coordinator—Susan Prescott |  |  |  |  |  |
| PHONE | 850-892-8040 ext. 1159                            |  |  |  |  |  |

### Medicaid, Social Security, and Related Services

|          |                                                                                                                                                                                                                                                                          |       |    |     |       |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|--|
| NAME     | Medicaid Eligibility                                                                                                                                                                                                                                                     |       |    |     |       |  |
| ADDRESS  | 407 Racetrack Rd. NE                                                                                                                                                                                                                                                     |       |    |     |       |  |
| CITY     | Fort Walton Beach                                                                                                                                                                                                                                                        | STATE | FL | ZIP | 32547 |  |
| PHONE    | Medicaid Helpline: 1-866-762-2237                                                                                                                                                                                                                                        |       |    |     |       |  |
| SERVICES | Apply online: <a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a><br>Find local assistance here: <a href="https://access-web.dcf.state.fl.us/CPSLookup/search.asp">https://access-web.dcf.state.fl.us/CPSLookup/search.asp</a> |       |    |     |       |  |

|          |                                          |                                                          |    |     |       |  |
|----------|------------------------------------------|----------------------------------------------------------|----|-----|-------|--|
| NAME     | Social Security Office                   |                                                          |    |     |       |  |
| ADDRESS  | 111B Racetrack RD NW                     |                                                          |    |     |       |  |
| CITY     | Fort Walton Beach                        | STATE                                                    | FL | ZIP | 32547 |  |
| PHONE    | 1-866-331-2194                           | HOURS M, T, R, F, 9:00 AM—4:00 PM<br>W, 9:00 AM—12:00 PM |    |     |       |  |
| WEBSITE  | https://www.ssa.gov/                     |                                                          |    |     |       |  |
| SERVICES | Assistance with Social Security benefits |                                                          |    |     |       |  |

|          |                                                                                                     |       |    |     |       |  |
|----------|-----------------------------------------------------------------------------------------------------|-------|----|-----|-------|--|
| NAME     | Veterans Services                                                                                   |       |    |     |       |  |
| ADDRESS  | 1250 N Eglin Pkwy, Suite 302                                                                        |       |    |     |       |  |
| CITY     | Shalimar                                                                                            | STATE | FL | ZIP | 32579 |  |
| PHONE    | 850-651-7258                                                                                        | HOURS |    |     |       |  |
| WEBSITE  | <a href="http://www.co.okaloosa.fl.us/veterans/home">http://www.co.okaloosa.fl.us/veterans/home</a> |       |    |     |       |  |
| SERVICES | Benefits and medical care assistance                                                                |       |    |     |       |  |

|          |                                                                                                     |       |    |     |       |  |
|----------|-----------------------------------------------------------------------------------------------------|-------|----|-----|-------|--|
| NAME     | Veterans Services                                                                                   |       |    |     |       |  |
| ADDRESS  | 601-A N. Pearl St., Suite 100                                                                       |       |    |     |       |  |
| CITY     | Crestview                                                                                           | STATE | FL | ZIP | 32536 |  |
| PHONE    | 850-689-5922                                                                                        | HOURS |    |     |       |  |
| WEBSITE  | <a href="http://www.co.okaloosa.fl.us/veterans/home">http://www.co.okaloosa.fl.us/veterans/home</a> |       |    |     |       |  |
| SERVICES | Benefits and medical care assistance                                                                |       |    |     |       |  |

|          |                                                                                                                                                         |                                                                          |    |     |       |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----|-----|-------|--|
| NAME     | Shalimar Vet Center                                                                                                                                     |                                                                          |    |     |       |  |
| ADDRESS  | 6 11 <sup>th</sup> Ave., Suite G-1                                                                                                                      |                                                                          |    |     |       |  |
| CITY     | Shalimar                                                                                                                                                | STATE                                                                    | FL | ZIP | 32579 |  |
| PHONE    | 850-651-1000                                                                                                                                            | HOURS M, 8:00 AM—7:30 PM<br>T/W, 7:00 AM—7:30 PM<br>R/F, 7:00 AM—5:30 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.va.gov/directory/guide/facility.asp?ID=6139&amp;dnum=All">https://www.va.gov/directory/guide/facility.asp?ID=6139&amp;dnum=All</a> |                                                                          |    |     |       |  |
| SERVICES | Comprehensive care for veterans                                                                                                                         |                                                                          |    |     |       |  |

|          |                                                                                                         |       |                            |     |       |  |
|----------|---------------------------------------------------------------------------------------------------------|-------|----------------------------|-----|-------|--|
| NAME     | Eglin Community Based Outpatient Center                                                                 |       |                            |     |       |  |
| ADDRESS  | 100 Veterans Way                                                                                        |       |                            |     |       |  |
| CITY     | Eglin AFB                                                                                               | STATE | FL                         | ZIP | 32542 |  |
| PHONE    | 866-520-7359                                                                                            |       | HOURS M-F, 8:00 AM—4:30 PM |     |       |  |
| WEBSITE  | <a href="https://www.biloxi.va.gov/locations/EOPC.asp">https://www.biloxi.va.gov/locations/EOPC.asp</a> |       |                            |     |       |  |
| SERVICES | Comprehensive care for veterans                                                                         |       |                            |     |       |  |

|          |                                                                                   |       |    |     |       |
|----------|-----------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Office of Insurance Regulation                                                    |       |    |     |       |
| ADDRESS  | 160 Governmental Center, Suite 515                                                |       |    |     |       |
| CITY     | Pensacola                                                                         | STATE | FL | ZIP | 32501 |
| PHONE    | 850-595-8040                                                                      |       |    |     |       |
| WEBSITE  | <a href="https://www.flor.com/choices.aspx">https://www.flor.com/choices.aspx</a> |       |    |     |       |
| SERVICES | Find rate information for Medicare supplement and small group health              |       |    |     |       |

### Community Healthcare Clinics

|          |                                                                                                                                                                           |                            |    |     |       |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Crestview Health Center                                                                                                                                                   |                            |    |     |       |  |
| ADDRESS  | 800 Hospital Dr.                                                                                                                                                          |                            |    |     |       |  |
| CITY     | Crestview                                                                                                                                                                 | STATE                      | FL | ZIP | 32539 |  |
| PHONE    | 850-682-1164                                                                                                                                                              | HOURS M-F, 7:30 AM—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.northfloridamedicalcenters.org/locations/crestview-health-center/">https://www.northfloridamedicalcenters.org/locations/crestview-health-center/</a> |                            |    |     |       |  |
| SERVICES | Screenings, immunizations, primary care; sliding fee scale                                                                                                                |                            |    |     |       |  |

## Support Groups

|         |                                            |                                                  |    |     |       |
|---------|--------------------------------------------|--------------------------------------------------|----|-----|-------|
| NAME    | Hep Club                                   |                                                  |    |     |       |
| ADDRESS | Shalimar United Methodist Church—Old Ferry |                                                  |    |     |       |
| CITY    | Shalimar                                   | STATE                                            | FL | ZIP | 32579 |
| PHONE   | 850-651-5500 (Jan)                         | HOURS Third Tuesday of the month<br>7:00—8:30 PM |    |     |       |

## OKEECHOBEE COUNTY

|          |                                                                                         |                         |    |     |       |  |
|----------|-----------------------------------------------------------------------------------------|-------------------------|----|-----|-------|--|
| NAME     | County Health Department Contact—Vickie Elkins                                          |                         |    |     |       |  |
| ADDRESS  | 1728 NW 9 <sup>th</sup> Ave.                                                            |                         |    |     |       |  |
| CITY     | Okeechobee                                                                              | STATE                   | FL | ZIP | 34972 |  |
| PHONE    | 863-462-5792                                                                            | HOURS M-F, 8:00—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="http://okeechobee.floridahealth.gov/">http://okeechobee.floridahealth.gov/</a> |                         |    |     |       |  |
| SERVICES | Hepatitis B and C screening, Hepatitis A and B vaccinations                             |                         |    |     |       |  |

|       |                                                    |  |  |  |  |  |
|-------|----------------------------------------------------|--|--|--|--|--|
| NAME  | DOH Regional Volunteer Coordinator—Steve Krajewski |  |  |  |  |  |
| PHONE | 772-785-6183                                       |  |  |  |  |  |

### Medicaid, Social Security, and Related Services

|          |                                                                                                                                                                                                                                                                          |       |    |     |       |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|--|
| NAME     | Medicaid Eligibility                                                                                                                                                                                                                                                     |       |    |     |       |  |
| ADDRESS  | 108 NE 7 <sup>th</sup> St.                                                                                                                                                                                                                                               |       |    |     |       |  |
| CITY     | Okeechobee                                                                                                                                                                                                                                                               | STATE | FL | ZIP | 34972 |  |
| PHONE    | Medicaid Helpline: 1-866-762-2237                                                                                                                                                                                                                                        |       |    |     |       |  |
| SERVICES | Apply online: <a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a><br>Find local assistance here: <a href="https://access-web.dcf.state.fl.us/CPSLookup/search.asp">https://access-web.dcf.state.fl.us/CPSLookup/search.asp</a> |       |    |     |       |  |

|          |                                                         |                                                          |    |     |       |
|----------|---------------------------------------------------------|----------------------------------------------------------|----|-----|-------|
| NAME     | Social Security Office                                  |                                                          |    |     |       |
| ADDRESS  | 6810 S. US Hwy 1                                        |                                                          |    |     |       |
| CITY     | Port St. Lucie                                          | STATE                                                    | FL | ZIP | 34952 |
| PHONE    | 1-866-366-1627                                          | HOURS M, T, R, F, 9:00 AM—4:00 PM<br>W, 9:00 AM—12:00 PM |    |     |       |
| WEBSITE  | <a href="https://www.ssa.gov/">https://www.ssa.gov/</a> |                                                          |    |     |       |
| SERVICES | Assistance with Social Security benefits                |                                                          |    |     |       |

|          |                                                                                                                                         |       |                            |     |       |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|-----|-------|--|
| NAME     | Veterans Services                                                                                                                       |       |                            |     |       |  |
| ADDRESS  | 304 NW 2 <sup>nd</sup> St., Room 106                                                                                                    |       |                            |     |       |  |
| CITY     | Okeechobee                                                                                                                              | STATE | FL                         | ZIP | 34972 |  |
| PHONE    | 863-763-6441, option 5                                                                                                                  |       | HOURS M-F, 8:00 AM—5:00 PM |     |       |  |
| WEBSITE  | <a href="http://www.co.okeechobee.fl.us/departments/veterans-services">http://www.co.okeechobee.fl.us/departments/veterans-services</a> |       |                            |     |       |  |
| SERVICES | Benefits and medical care assistance                                                                                                    |       |                            |     |       |  |

|          |                                                                                                                                                                         |                            |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|
| NAME     | Okeechobee Community Based Outpatient Clinic                                                                                                                            |                            |    |     |       |
| ADDRESS  | 1201 N. Parrot Ave.                                                                                                                                                     |                            |    |     |       |
| CITY     | Okeechobee                                                                                                                                                              | STATE                      | FL | ZIP | 34972 |
| PHONE    | 863-824-3232                                                                                                                                                            | HOURS M-F, 8:00 AM—4:30 PM |    |     |       |
| WEBSITE  | <a href="https://www.westpalmbeach.va.gov/WESTPALMBEACH/locations/Okeechobee_CBOC.asp">https://www.westpalmbeach.va.gov/WESTPALMBEACH/locations/Okeechobee_CBOC.asp</a> |                            |    |     |       |
| SERVICES | Healthcare services for veterans                                                                                                                                        |                            |    |     |       |

|          |                                                                                     |       |    |     |       |
|----------|-------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Office of Insurance Regulation                                                      |       |    |     |       |
| ADDRESS  | 400 N. Congress Ave., Suite 210                                                     |       |    |     |       |
| CITY     | West Palm Beach                                                                     | STATE | FL | ZIP | 33401 |
| PHONE    | 561-681-6392                                                                        |       |    |     |       |
| WEBSITE  | <a href="https://www.floir.com/choices.aspx">https://www.floir.com/choices.aspx</a> |       |    |     |       |
| SERVICES | Find rate information for Medicare supplement and small group health                |       |    |     |       |

## Community Healthcare Clinics

|          |                                                                                                                                                                             |                                                                        |    |     |       |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----|-------|
| NAME     | Lakeshore Medical Center                                                                                                                                                    |                                                                        |    |     |       |
| ADDRESS  | 1100 N. Parrott Ave.                                                                                                                                                        |                                                                        |    |     |       |
| CITY     | Okeechobee                                                                                                                                                                  | STATE                                                                  | FL | ZIP | 34972 |
| PHONE    | 863-763-7481                                                                                                                                                                | HOURS T-R, 8:00 AM—5:00 PM<br>M, 8:00 AM—6:00 PM<br>F, 8:00 AM—4:00 PM |    |     |       |
| WEBSITE  | <a href="https://www.fhcinc.org/centers/centers1-2/lakeshore-medical-center">https://www.fhcinc.org/centers/centers1-2/lakeshore-medical-center</a>                         |                                                                        |    |     |       |
| SERVICES | Hepatitis A and B vaccinations, Hepatitis B and C testing<br>Accepts Medicare (no HMO plans), Medicaid, and private insurance; sliding fee schedule available for uninsured |                                                                        |    |     |       |

## Support Groups

|         |                                                                                                                                           |       |               |     |       |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|-----|-------|
| NAME    | Hepatitis & Liver Disease Awareness Group                                                                                                 |       |               |     |       |
| ADDRESS | County Home, 1200 45 <sup>th</sup> St.                                                                                                    |       |               |     |       |
| CITY    | West Palm Beach                                                                                                                           | STATE | FL            | ZIP | 33407 |
| CONTACT | reddwolf@mindspring.com                                                                                                                   | HOURS | Meets Tuesday |     |       |
| WEBSITE | <a href="http://www.hepatitiscentral.com/hcv/support/fl/westpalmbeach/">http://www.hepatitiscentral.com/hcv/support/fl/westpalmbeach/</a> |       |               |     |       |

## ORANGE COUNTY

|          |                                                             |                            |    |     |       |  |
|----------|-------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | County Health Department Contact—Luz Higuera                |                            |    |     |       |  |
| ADDRESS  | 832 W. Central Blvd.                                        |                            |    |     |       |  |
| CITY     | Orlando                                                     | STATE                      | FL | ZIP | 32805 |  |
| PHONE    | 407-723-5054                                                | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | http://orange.floridahealth.gov/                            |                            |    |     |       |  |
| SERVICES | Hepatitis B and C screening, Hepatitis A and B vaccinations |                            |    |     |       |  |

|       |                                                     |  |  |  |  |  |
|-------|-----------------------------------------------------|--|--|--|--|--|
| NAME  | DOH Regional Volunteer Coordinator—LaRaine Berkeley |  |  |  |  |  |
| PHONE | 407-858-1400 ext. 1161                              |  |  |  |  |  |

### Medicaid, Social Security, and Related Services

|          |                                                                                                                                                                                                                                                                                                                 |       |    |     |       |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|--|
| NAME     | Medicaid Eligibility                                                                                                                                                                                                                                                                                            |       |    |     |       |  |
| ADDRESS  | 6218 W. Colonial Dr.                                                                                                                                                                                                                                                                                            |       |    |     |       |  |
| CITY     | Orlando                                                                                                                                                                                                                                                                                                         | STATE | FL | ZIP | 32808 |  |
| PHONE    | Medicaid Helpline: 1-866-762-2237                                                                                                                                                                                                                                                                               |       |    |     |       |  |
| SERVICES | Apply online: <a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a><br>For additional local assistance, search ‘Orange County’ here:<br><a href="https://access-web.dcf.state.fl.us/CPSLookup/search.aspx">https://access-web.dcf.state.fl.us/CPSLookup/search.aspx</a> |       |    |     |       |  |

|          |                                          |                                                          |    |     |       |  |
|----------|------------------------------------------|----------------------------------------------------------|----|-----|-------|--|
| NAME     | Social Security Office                   |                                                          |    |     |       |  |
| ADDRESS  | 5520 Gatlin Ave.                         |                                                          |    |     |       |  |
| CITY     | Orlando                                  | STATE                                                    | FL | ZIP | 32812 |  |
| PHONE    | 1-866-964-6146                           | HOURS M, T, R, F, 9:00 AM—4:00 PM<br>W, 9:00 AM—12:00 PM |    |     |       |  |
| WEBSITE  | https://www.ssa.gov/                     |                                                          |    |     |       |  |
| SERVICES | Assistance with Social Security benefits |                                                          |    |     |       |  |

|          |                                      |                            |    |     |       |  |
|----------|--------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Veterans Services                    |                            |    |     |       |  |
| ADDRESS  | 2100 E. Michigan St.                 |                            |    |     |       |  |
| CITY     | Orlando                              | STATE                      | FL | ZIP | 32806 |  |
| PHONE    | 407-836-8990                         | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | www.orangecountyfl.net               |                            |    |     |       |  |
| SERVICES | Benefits and medical care assistance |                            |    |     |       |  |

|          |                                                                                                                                                       |                                                                                                  |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----|-----|-------|
| NAME     | Orlando Vet Center                                                                                                                                    |                                                                                                  |    |     |       |
| ADDRESS  | 5575 S. Semoran Blvd., Suite 30                                                                                                                       |                                                                                                  |    |     |       |
| CITY     | Orlando                                                                                                                                               | STATE                                                                                            | FL | ZIP | 32822 |
| PHONE    | 407-857-2800, 877-927-8387                                                                                                                            | HOURS M/W, 8:00 AM—8:00 PM<br>T, 8:00 AM - 5:30 PM<br>R, 8:00 AM - 6:30 PM<br>F, 8:00 AM—4:30 PM |    |     |       |
| WEBSITE  | <a href="https://www.va.gov/directory/guide/facility.asp?ID=553&amp;dnum=All">https://www.va.gov/directory/guide/facility.asp?ID=553&amp;dnum=All</a> |                                                                                                  |    |     |       |
| SERVICES | Comprehensive care for veterans                                                                                                                       |                                                                                                  |    |     |       |

|          |                                                                                                                         |                             |    |     |       |  |
|----------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|----|-----|-------|--|
| NAME     | Lake Baldwin Outpatient Clinic                                                                                          |                             |    |     |       |  |
| ADDRESS  | 5201 Raymond St.                                                                                                        |                             |    |     |       |  |
| CITY     | Orlando                                                                                                                 | STATE                       | FL | ZIP | 32803 |  |
| PHONE    | 407-646-5500                                                                                                            | HOURS M- F, 8:00 AM—4:30 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.orlando.va.gov/locations/lakebaldwin.asp">https://www.orlando.va.gov/locations/lakebaldwin.asp</a> |                             |    |     |       |  |
| SERVICES | Comprehensive care for veterans                                                                                         |                             |    |     |       |  |

|          |                                                                       |                             |    |     |       |
|----------|-----------------------------------------------------------------------|-----------------------------|----|-----|-------|
| NAME     | Orlando VA Medical Center                                             |                             |    |     |       |
| ADDRESS  | 13800 Veterans Way                                                    |                             |    |     |       |
| CITY     | Orlando                                                               | STATE                       | FL | ZIP | 32827 |
| PHONE    | 407-631-1000, 800-922-7521                                            | HOURS M- F, 8:00 AM—4:30 PM |    |     |       |
| WEBSITE  | <a href="https://www.orlando.va.gov/">https://www.orlando.va.gov/</a> |                             |    |     |       |
| SERVICES | Comprehensive care for veterans                                       |                             |    |     |       |

|          |                                                                                     |       |    |     |       |
|----------|-------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Office of Insurance Regulation                                                      |       |    |     |       |
| ADDRESS  | 400 W. Robinson St., Suite N-401                                                    |       |    |     |       |
| CITY     | Orlando                                                                             | STATE | FL | ZIP | 32801 |
| PHONE    | 407-245-0870                                                                        |       |    |     |       |
| WEBSITE  | <a href="https://www.flair.com/choices.aspx">https://www.flair.com/choices.aspx</a> |       |    |     |       |
| SERVICES | Find rate information for Medicare supplement and small group health                |       |    |     |       |

### Community Health Clinics

|         |                                                            |                                                                                                                  |    |     |       |  |
|---------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----|-----|-------|--|
| NAME    | Shepherd’s Hope Health Center—At Samaritan Resource Center |                                                                                                                  |    |     |       |  |
| ADDRESS | 9833 E. Colonial Dr.                                       |                                                                                                                  |    |     |       |  |
| CITY    | Orlando                                                    | STATE                                                                                                            | FL | ZIP | 32817 |  |
| PHONE   | 407-876-6699                                               | HOURS M-R, 6:00 –9:00 PM<br>Registration begins at 4:30 pm; no walk-ins on 3 <sup>rd</sup> Thursday of the month |    |     |       |  |
| WEBSITE | http://shepherdshope.org                                   |                                                                                                                  |    |     |       |  |

|         |                                        |                                                            |    |     |       |  |
|---------|----------------------------------------|------------------------------------------------------------|----|-----|-------|--|
| NAME    | Shepherd's Hope Health Center—Downtown |                                                            |    |     |       |  |
| ADDRESS | 101 S. Westmoreland Dr.                |                                                            |    |     |       |  |
| CITY    | Orlando                                | STATE                                                      | FL | ZIP | 32805 |  |
| PHONE   | 407-876-6699                           | HOURS M-W, 6:00 –9:00 PM<br>Registration begins at 5:00 pm |    |     |       |  |
| WEBSITE | http://shepherdshope.org               |                                                            |    |     |       |  |

|         |                                     |                                                            |    |     |       |
|---------|-------------------------------------|------------------------------------------------------------|----|-----|-------|
| NAME    | Shepherd's Hope Health Center—Ocoee |                                                            |    |     |       |
| ADDRESS | 10101 W. Colonial Dr.               |                                                            |    |     |       |
| CITY    | Ocoee                               | STATE                                                      | FL | ZIP | 34761 |
| PHONE   | 407-876-6699                        | HOURS T-R, 6:00 –9:00 PM<br>Registration begins at 4:30 pm |    |     |       |
| WEBSITE | http://shepherdshope.org            |                                                            |    |     |       |

|         |                                       |                                                               |    |     |       |
|---------|---------------------------------------|---------------------------------------------------------------|----|-----|-------|
| NAME    | Tazkiah Shepherd’s Hope Health Center |                                                               |    |     |       |
| ADDRESS | 120 Floral St.                        |                                                               |    |     |       |
| CITY    | Ocoee                                 | STATE                                                         | FL | ZIP | 34761 |
| PHONE   | 407-876-6699                          | HOURS M-R, 9:00 AM—12:00 PM<br>Registration begins at 8:00 am |    |     |       |
| WEBSITE | http://shepherdshope.org              |                                                               |    |     |       |

|         |                                    |                                                                           |    |     |       |
|---------|------------------------------------|---------------------------------------------------------------------------|----|-----|-------|
| NAME    | True Health –Alafaya               |                                                                           |    |     |       |
| ADDRESS | 11881-A E. Colonial Dr.            |                                                                           |    |     |       |
| CITY    | Orlando                            | STATE                                                                     | FL | ZIP | 32826 |
| PHONE   | 407-322-8645                       | HOURS M/W, 8:00 AM—7:00 PM<br>T/R, 8:30 AM—5:30 PM<br>F, 8:00 AM—12:00 PM |    |     |       |
| WEBSITE | http://mytruehealth.org/locations/ |                                                                           |    |     |       |

|         |                                   |                                                                           |    |     |       |  |
|---------|-----------------------------------|---------------------------------------------------------------------------|----|-----|-------|--|
| NAME    | True Health –Hoffner              |                                                                           |    |     |       |  |
| ADDRESS | 5449 S. Semoran Blvd., Suite 14   |                                                                           |    |     |       |  |
| CITY    | Orlando                           | STATE                                                                     | FL | ZIP | 32822 |  |
| PHONE   | 407-322-8645                      | HOURS M/W, 8:00 AM—7:00 PM<br>T/R, 8:30 AM—5:30 PM<br>F, 8:00 AM—12:00 PM |    |     |       |  |
| WEBSITE | http://mytruehealth.org/locations |                                                                           |    |     |       |  |

|         |                                    |                                                                           |    |     |       |
|---------|------------------------------------|---------------------------------------------------------------------------|----|-----|-------|
| NAME    | True Health –Lake Underhill        |                                                                           |    |     |       |
| ADDRESS | 5370 Lake Underhill Rd.            |                                                                           |    |     |       |
| CITY    | Orlando                            | STATE                                                                     | FL | ZIP | 32807 |
| PHONE   | 407-322-8645                       | HOURS M/W, 8:00 AM—7:00 PM<br>T/R, 8:30 AM—5:30 PM<br>F, 8:00 AM—12:00 PM |    |     |       |
| WEBSITE | http://mytruehealth.org/locations/ |                                                                           |    |     |       |

|         |                                                                                     |                                                                           |    |     |       |  |
|---------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|-----|-------|--|
| NAME    | True Health –Southside and Southside Express                                        |                                                                           |    |     |       |  |
| ADDRESS | 6101 Lake Ellenor Dr., Suite 105                                                    |                                                                           |    |     |       |  |
| CITY    | Orlando                                                                             | STATE                                                                     | FL | ZIP | 32809 |  |
| PHONE   | 407-322-8645                                                                        | HOURS M/W, 8:00 AM—7:00 PM<br>T/R, 8:30 AM—5:30 PM<br>F, 8:00 AM—12:00 PM |    |     |       |  |
| WEBSITE | <a href="http://mytruehealth.org/locations/">http://mytruehealth.org/locations/</a> |                                                                           |    |     |       |  |

|         |                                                                                                       |                                                                                              |    |     |       |  |
|---------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----|-----|-------|--|
| NAME    | Pine Hills Community Health Center                                                                    |                                                                                              |    |     |       |  |
| ADDRESS | 840 Mercy Dr.                                                                                         |                                                                                              |    |     |       |  |
| CITY    | Orlando                                                                                               | STATE                                                                                        | FL | ZIP | 32808 |  |
| PHONE   | 407-905-8827                                                                                          | HOURS M, 8:00 AM—6:00 PM<br>T, 8:00 AM—7:00 PM<br>F, 8:00 AM—1:00 PM<br>W/R, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE | <a href="https://www.chcfl.org/locations/pine-hills/">https://www.chcfl.org/locations/pine-hills/</a> |                                                                                              |    |     |       |  |

|         |                                                                                               |                                                                                                   |    |     |       |
|---------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----|-----|-------|
| NAME    | Apopka Community Health Center                                                                |                                                                                                   |    |     |       |
| ADDRESS | 225 E. 7 <sup>th</sup> St.                                                                    |                                                                                                   |    |     |       |
| CITY    | Apopka                                                                                        | STATE                                                                                             | FL | ZIP | 32703 |
| PHONE   | 407-905-8827                                                                                  | HOURS M, 8:00 AM—6:00 PM<br>T, 8:00 AM—7:00 PM<br>W/R, 8:00 AM—5:00 PM<br>F/Sat., 8:00 AM—1:00 PM |    |     |       |
| WEBSITE | <a href="https://www.chcfl.org/locations/apopka/">https://www.chcfl.org/locations/apopka/</a> |                                                                                                   |    |     |       |

|         |                                                                                               |                                                                                              |    |     |       |  |
|---------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----|-----|-------|--|
| NAME    | Bithlo Community Health Center                                                                |                                                                                              |    |     |       |  |
| ADDRESS | 19108 E. Colonial Dr.                                                                         |                                                                                              |    |     |       |  |
| CITY    | Orlando                                                                                       | STATE                                                                                        | FL | ZIP | 32820 |  |
| PHONE   | 407-905-8827                                                                                  | HOURS M, 8:00 AM—6:00 PM<br>T, 8:00 AM—7:00 PM<br>F, 8:00 AM—1:00 PM<br>W/R, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE | <a href="https://www.chcfl.org/locations/bithlo/">https://www.chcfl.org/locations/bithlo/</a> |                                                                                              |    |     |       |  |

|         |                                                                                                         |                                                                                              |    |     |       |  |
|---------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----|-----|-------|--|
| NAME    | Forest City Community Health Center                                                                     |                                                                                              |    |     |       |  |
| ADDRESS | 7900 Forest City Rd.                                                                                    |                                                                                              |    |     |       |  |
| CITY    | Orlando                                                                                                 | STATE                                                                                        | FL | ZIP | 32810 |  |
| PHONE   | 407-905-8827                                                                                            | HOURS M, 8:00 AM—6:00 PM<br>T, 8:00 AM—7:00 PM<br>F, 8:00 AM—1:00 PM<br>W/R, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE | <a href="https://www.chcfl.org/locations/forest-city/">https://www.chcfl.org/locations/forest-city/</a> |                                                                                              |    |     |       |  |

|         |                                                                                                             |                                                                                                   |    |     |       |
|---------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----|-----|-------|
| NAME    | Winter Garden Community Health Center                                                                       |                                                                                                   |    |     |       |
| ADDRESS | 13275 W. Colonial Dr.                                                                                       |                                                                                                   |    |     |       |
| CITY    | Winter Garden                                                                                               | STATE                                                                                             | FL | ZIP | 34787 |
| PHONE   | 407-905-8827                                                                                                | HOURS M, 8:00 AM—6:00 PM<br>T, 8:00 AM—7:00 PM<br>W/R, 8:00 AM—5:00 PM<br>F/Sat., 8:00 AM—1:00 PM |    |     |       |
| WEBSITE | <a href="https://www.chcfl.org/locations/winter-garden/">https://www.chcfl.org/locations/winter-garden/</a> |                                                                                                   |    |     |       |

### Substance Abuse Treatment Centers

|         |                                                                                                                               |       |    |     |       |
|---------|-------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME    | Aspire Health—Orange Outpatient Center                                                                                        |       |    |     |       |
| ADDRESS | 1800 Mercy Dr.                                                                                                                |       |    |     |       |
| CITY    | Orlando                                                                                                                       | STATE | FL | ZIP | 32808 |
| PHONE   | 407-875-3700 ext. 6240                                                                                                        |       |    |     |       |
| WEBSITE | <a href="https://aspirehealthpartners.com/programs-and-services/">https://aspirehealthpartners.com/programs-and-services/</a> |       |    |     |       |

|         |                                                                                                                               |       |    |     |       |
|---------|-------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME    | Aspire Health—Medication Assisted Treatment Program                                                                           |       |    |     |       |
| ADDRESS | 100 W. Columbia St.                                                                                                           |       |    |     |       |
| CITY    | Orlando                                                                                                                       | STATE | FL | ZIP | 32806 |
| PHONE   | 407407-245-0014 ext. 221                                                                                                      |       |    |     |       |
| WEBSITE | <a href="https://aspirehealthpartners.com/programs-and-services/">https://aspirehealthpartners.com/programs-and-services/</a> |       |    |     |       |

|         |                                                                                                         |       |    |     |       |
|---------|---------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME    | Central Florida Treatment Centers—Orlando Clinic                                                        |       |    |     |       |
| ADDRESS | 1800 W. Colonial Dr.                                                                                    |       |    |     |       |
| CITY    | Orlando                                                                                                 | STATE | FL | ZIP | 32804 |
| PHONE   | 407-843-0041                                                                                            |       |    |     |       |
| WEBSITE | <a href="http://www.methadoneworks.net/orlando-clinic">http://www.methadoneworks.net/orlando-clinic</a> |       |    |     |       |

|          |                                                                                                                                                   |                                                      |    |     |       |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----|-----|-------|
| NAME     | Orlando Methadone Treatment Center                                                                                                                |                                                      |    |     |       |
| ADDRESS  | 1002 N. Semoran Blvd.                                                                                                                             |                                                      |    |     |       |
| CITY     | Orlando                                                                                                                                           | STATE                                                | FL | ZIP | 32807 |
| PHONE    | 877-284-7074                                                                                                                                      | HOURS M-F, 5:00 AM—7:00 PM<br>Sat/Sun, 6:00 –9:00 AM |    |     |       |
| WEBSITE  | <a href="https://newseason.com/clinics/orlando-methadone-treatment-center/">https://newseason.com/clinics/orlando-methadone-treatment-center/</a> |                                                      |    |     |       |
| SERVICES | Medication assisted therapy (methadone, buprenorphine, Suboxone), counseling                                                                      |                                                      |    |     |       |

### Support Groups

|         |                                                                |       |    |     |       |
|---------|----------------------------------------------------------------|-------|----|-----|-------|
| NAME    | Orlando Hepatitis Support System                               |       |    |     |       |
| ADDRESS | 5624 Deepdale Dr.                                              |       |    |     |       |
| CITY    | Orlando                                                        | STATE | FL | ZIP | 32821 |
| CONTACT | 407-238-2368                                                   |       |    |     |       |
| EMAIL   | <a href="mailto:peaches54@cfl.rr.com">peaches54@cfl.rr.com</a> |       |    |     |       |

## OSCEOLA COUNTY

|          |                                                                                       |                            |    |     |  |  |
|----------|---------------------------------------------------------------------------------------|----------------------------|----|-----|--|--|
| NAME     | County Health Department—Nathaly Acosta                                               |                            |    |     |  |  |
| ADDRESS  | 16401 SW Farm Rd.                                                                     |                            |    |     |  |  |
| CITY     | Kissimmee                                                                             | STATE                      | FL | ZIP |  |  |
| PHONE    | 407-343-2155                                                                          | HOURS M-F, 8:00 AM—5:00 PM |    |     |  |  |
| WEBSITE  | <a href="http://kissimmee.floridahealth.gov/">http://kissimmee.floridahealth.gov/</a> |                            |    |     |  |  |
| SERVICES | Hepatitis B and C screening, Hepatitis A and B vaccinations                           |                            |    |     |  |  |

|       |                                                     |
|-------|-----------------------------------------------------|
| NAME  | DOH Regional Volunteer Coordinator—LaRaine Berkeley |
| PHONE | 407-858-1400 ext. 1161                              |

### Medicaid, Social Security, and Related Services

|          |                                                                                                                                                                                                                                                                                                                  |       |    |     |       |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Medicaid Eligibility                                                                                                                                                                                                                                                                                             |       |    |     |       |
| ADDRESS  | La Mirada Plaza, 3501 W. Vine St., Suite 120                                                                                                                                                                                                                                                                     |       |    |     |       |
| CITY     | Kissimmee                                                                                                                                                                                                                                                                                                        | STATE | FL | ZIP | 34741 |
| PHONE    | Medicaid Helpline: 1-866-762-2237                                                                                                                                                                                                                                                                                |       |    |     |       |
| SERVICES | Apply online: <a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a><br>For additional local assistance, search ‘Osceola County’ here:<br><a href="https://access-web.dcf.state.fl.us/CPSLookup/search.aspx">https://access-web.dcf.state.fl.us/CPSLookup/search.aspx</a> |       |    |     |       |

|          |                                          |                                                          |    |     |       |
|----------|------------------------------------------|----------------------------------------------------------|----|-----|-------|
| NAME     | Social Security                          |                                                          |    |     |       |
| ADDRESS  | 1201 E. Oak St.                          |                                                          |    |     |       |
| CITY     | Kissimmee                                | STATE                                                    | FL | ZIP | 34744 |
| PHONE    | 1-800-772-1213                           | HOURS M, T, R, F, 9:00 AM—4:00 PM<br>W, 9:00 AM—12:00 PM |    |     |       |
| WEBSITE  | https://www.ssa.gov/                     |                                                          |    |     |       |
| SERVICES | Assistance with Social Security benefits |                                                          |    |     |       |

|          |                                                                               |                                                                                                          |    |     |       |  |
|----------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|-----|-------|--|
| NAME     | Veterans Services                                                             |                                                                                                          |    |     |       |  |
| ADDRESS  | 330 N. Beaumont Ave.                                                          |                                                                                                          |    |     |       |  |
| CITY     | Kissimmee                                                                     | STATE                                                                                                    | FL | ZIP | 34741 |  |
| PHONE    | 407-742-8455                                                                  | HOURS M/R/F, 8:00 AM—5:00 PM (walk-ins)<br>W, 8:00—1:30 AM (walk-ins)<br>T, 8:00 AM—5:00 PM (appt. only) |    |     |       |  |
| WEB      | http://www.osceola.org/agencies-departments/human-services/veterans-services/ |                                                                                                          |    |     |       |  |
| SERVICES | Benefits and medical care assistance                                          |                                                                                                          |    |     |       |  |

|          |                                                                                                                     |                            |    |     |       |
|----------|---------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|
| NAME     | Kissimmee Community Based Outpatient Clinic                                                                         |                            |    |     |       |
| ADDRESS  | 2285 N. Central Ave.                                                                                                |                            |    |     |       |
| CITY     | Kissimmee                                                                                                           | STATE                      | FL | ZIP | 34741 |
| PHONE    | 407-518-5004                                                                                                        | HOURS M-F, 8:00 AM—4:30 PM |    |     |       |
| WEBSITE  | <a href="https://www.orlando.va.gov/locations/kissimmee.asp">https://www.orlando.va.gov/locations/kissimmee.asp</a> |                            |    |     |       |
| SERVICES | Comprehensive care for veterans                                                                                     |                            |    |     |       |

|          |                                                                                     |       |    |     |       |
|----------|-------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Office of Insurance Regulation                                                      |       |    |     |       |
| ADDRESS  | 400 W. Robinson St., Suite N-401                                                    |       |    |     |       |
| CITY     | Orlando                                                                             | STATE | FL | ZIP | 32801 |
| PHONE    | 407-245-0870                                                                        |       |    |     |       |
| WEBSITE  | <a href="https://www.flair.com/choices.aspx">https://www.flair.com/choices.aspx</a> |       |    |     |       |
| SERVICES | Find rate information for Medicare supplement and small group health                |       |    |     |       |

## Substance Abuse Treatment Centers

|         |                                                                                                                               |       |    |     |       |
|---------|-------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME    | Aspire Health—Osceola Outpatient Center                                                                                       |       |    |     |       |
| ADDRESS | 2540 Michigan Ave.                                                                                                            |       |    |     |       |
| CITY    | Kissimmee                                                                                                                     | STATE | FL | ZIP | 34744 |
| PHONE   | 407-846-5285 ext. 241                                                                                                         |       |    |     |       |
| WEBSITE | <a href="https://aspirehealthpartners.com/programs-and-services/">https://aspirehealthpartners.com/programs-and-services/</a> |       |    |     |       |

|          |                                                                                                                                                   |                                                      |    |     |       |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----|-----|-------|
| NAME     | Mid Florida Metro Treatment Center                                                                                                                |                                                      |    |     |       |
| ADDRESS  | 306 E. Oak St.                                                                                                                                    |                                                      |    |     |       |
| CITY     | Kissimmee                                                                                                                                         | STATE                                                | FL | ZIP | 34744 |
| PHONE    | 877-284-7074                                                                                                                                      | HOURS M-F, 5:00 AM—1:30 PM<br>Sat/Sun, 6:00 –9:00 AM |    |     |       |
| WEBSITE  | <a href="https://newseason.com/clinics/mid-florida-metro-treatment-center/">https://newseason.com/clinics/mid-florida-metro-treatment-center/</a> |                                                      |    |     |       |
| SERVICES | Medication assisted therapy (methadone, buprenorphine, Suboxone), counseling                                                                      |                                                      |    |     |       |

## PALM BEACH COUNTY

|          |                                                  |                            |    |     |       |  |
|----------|--------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | County Health Department Contact— Chowdhury Bari |                            |    |     |       |  |
| ADDRESS  | 851 Ave. P                                       |                            |    |     |       |  |
| CITY     | Riviera Beach                                    | STATE                      | FL | ZIP | 33404 |  |
| PHONE    | 561-803-7360, 561-248-2621                       | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | http://palmbeach.floridahealth.gov/              |                            |    |     |       |  |
| SERVICES | Hepatitis B and C testing                        |                            |    |     |       |  |

|          |                                                                                       |       |                      |     |       |  |
|----------|---------------------------------------------------------------------------------------|-------|----------------------|-----|-------|--|
| NAME     | County Health Department –Delray Beach Health Center                                  |       |                      |     |       |  |
| ADDRESS  | 225 S. Congress Ave.                                                                  |       |                      |     |       |  |
| CITY     | Delray Beach                                                                          | STATE | FL                   | ZIP | 33445 |  |
| PHONE    | 561-274-3100                                                                          | HOURS | M-F, 8:00 AM—5:00 PM |     |       |  |
| WEBSITE  | <a href="http://palmbeach.floridahealth.gov/">http://palmbeach.floridahealth.gov/</a> |       |                      |     |       |  |
| SERVICES | Hepatitis A and B vaccination                                                         |       |                      |     |       |  |

|          |                                                                                       |       |                      |     |       |  |
|----------|---------------------------------------------------------------------------------------|-------|----------------------|-----|-------|--|
| NAME     | County Health Department –West Palm Beach Health Center                               |       |                      |     |       |  |
| ADDRESS  | 1150 45 <sup>th</sup> St.                                                             |       |                      |     |       |  |
| CITY     | West Palm Beach                                                                       | STATE | FL                   | ZIP | 33407 |  |
| PHONE    |                                                                                       | HOURS | M-F, 8:00 AM—5:00 PM |     |       |  |
| WEBSITE  | <a href="http://palmbeach.floridahealth.gov/">http://palmbeach.floridahealth.gov/</a> |       |                      |     |       |  |
| SERVICES | Hepatitis A and B vaccination                                                         |       |                      |     |       |  |

|          |                                                                                       |       |                      |     |       |  |
|----------|---------------------------------------------------------------------------------------|-------|----------------------|-----|-------|--|
| NAME     | County Health Department Contact –C.L. Brumback Health Center                         |       |                      |     |       |  |
| ADDRESS  | 38754 SR 80                                                                           |       |                      |     |       |  |
| CITY     | Belle Glade                                                                           | STATE | FL                   | ZIP | 33430 |  |
| PHONE    | 561-983-9220                                                                          | HOURS | M-F, 8:00 AM—5:00 PM |     |       |  |
| WEBSITE  | <a href="http://palmbeach.floridahealth.gov/">http://palmbeach.floridahealth.gov/</a> |       |                      |     |       |  |
| SERVICES | Hepatitis A and B vaccination                                                         |       |                      |     |       |  |

|          |                                                                                       |                            |    |     |       |  |
|----------|---------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | County Health Department –Lantana Health Center                                       |                            |    |     |       |  |
| ADDRESS  | 1250 Southwinds Dr.                                                                   |                            |    |     |       |  |
| CITY     | Lantana                                                                               | STATE                      | FL | ZIP | 33462 |  |
| PHONE    | 561-547-6800                                                                          | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="http://palmbeach.floridahealth.gov/">http://palmbeach.floridahealth.gov/</a> |                            |    |     |       |  |
| SERVICES | Hepatitis A and B vaccination                                                         |                            |    |     |       |  |

|       |                                                      |  |  |  |  |
|-------|------------------------------------------------------|--|--|--|--|
| NAME  | DOH Regional Volunteer Coordinator—Catherine Johnson |  |  |  |  |
| PHONE | 561-671-4032                                         |  |  |  |  |

### Medicaid, Social Security, and Related Services

|          |                                                                                                                                                                                                                                                                          |       |    |     |       |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Medicaid Eligibility                                                                                                                                                                                                                                                     |       |    |     |       |
| ADDRESS  | 2990 N. Main St.                                                                                                                                                                                                                                                         |       |    |     |       |
| CITY     | Belle Glade                                                                                                                                                                                                                                                              | STATE | FL | ZIP | 33430 |
| PHONE    | Medicaid Helpline: 1-866-762-2237                                                                                                                                                                                                                                        |       |    |     |       |
| SERVICES | Apply online: <a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a><br>Find local assistance here: <a href="https://access-web.dcf.state.fl.us/CPSLookup/search.asp">https://access-web.dcf.state.fl.us/CPSLookup/search.asp</a> |       |    |     |       |

|          |                                                                                                                                                                                                                                                                          |       |    |     |       |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Medicaid Eligibility                                                                                                                                                                                                                                                     |       |    |     |       |
| ADDRESS  | 2051 Martin Luther King, Jr. Blvd., Suite 200                                                                                                                                                                                                                            |       |    |     |       |
| CITY     | Riviera Beach                                                                                                                                                                                                                                                            | STATE | FL | ZIP | 33404 |
| PHONE    | Medicaid Helpline: 1-866-762-2237                                                                                                                                                                                                                                        |       |    |     |       |
| SERVICES | Apply online: <a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a><br>Find local assistance here: <a href="https://access-web.dcf.state.fl.us/CPSLookup/search.asp">https://access-web.dcf.state.fl.us/CPSLookup/search.asp</a> |       |    |     |       |

|          |                                          |                                                          |    |     |       |
|----------|------------------------------------------|----------------------------------------------------------|----|-----|-------|
| NAME     | Social Security                          |                                                          |    |     |       |
| ADDRESS  | 801 Clematis St., Suite 2                |                                                          |    |     |       |
| CITY     | West Palm Beach                          | STATE                                                    | FL | ZIP | 33401 |
| PHONE    | 1-800-772-1213                           | HOURS M, T, R, F, 9:00 AM—4:00 PM<br>W, 9:00 AM—12:00 PM |    |     |       |
| WEBSITE  | https://www.ssa.gov/                     |                                                          |    |     |       |
| SERVICES | Assistance with Social Security benefits |                                                          |    |     |       |

|          |                                                         |                                                          |    |     |       |
|----------|---------------------------------------------------------|----------------------------------------------------------|----|-----|-------|
| NAME     | Social Security                                         |                                                          |    |     |       |
| ADDRESS  | 925 SE 1 <sup>st</sup> St.                              |                                                          |    |     |       |
| CITY     | Belle Glade                                             | STATE                                                    | FL | ZIP | 33430 |
| PHONE    | 1-800-772-1213                                          | HOURS M, T, R, F, 9:00 AM—4:00 PM<br>W, 9:00 AM—12:00 PM |    |     |       |
| WEBSITE  | <a href="https://www.ssa.gov/">https://www.ssa.gov/</a> |                                                          |    |     |       |
| SERVICES | Assistance with Social Security benefits                |                                                          |    |     |       |

|          |                                                         |                                                          |    |     |       |
|----------|---------------------------------------------------------|----------------------------------------------------------|----|-----|-------|
| NAME     | Social Security                                         |                                                          |    |     |       |
| ADDRESS  | 621 NW 43 <sup>rd</sup> St., Suite 400                  |                                                          |    |     |       |
| CITY     | Boca Raton                                              | STATE                                                    | FL | ZIP | 33487 |
| PHONE    | 1-800-772-1213                                          | HOURS M, T, R, F, 9:00 AM—4:00 PM<br>W, 9:00 AM—12:00 PM |    |     |       |
| WEBSITE  | <a href="https://www.ssa.gov/">https://www.ssa.gov/</a> |                                                          |    |     |       |
| SERVICES | Assistance with Social Security benefits                |                                                          |    |     |       |

|          |                                                                                                                                                                                     |                                                    |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----|-----|-------|
| NAME     | Veterans Services                                                                                                                                                                   |                                                    |    |     |       |
| ADDRESS  | 810 Datura St., Suite 350                                                                                                                                                           |                                                    |    |     |       |
| CITY     | West Palm Beach                                                                                                                                                                     | STATE                                              | FL | ZIP | 33401 |
| PHONE    | 561-355-4761                                                                                                                                                                        | HOURS M/T/W/F, 8:00 AM—5:00 PM<br>R, 8:00—11:30 AM |    |     |       |
| WEBSITE  | <a href="http://discover.pbcgov.org/communityservices/humanservices/Veterans/Locations.aspx">http://discover.pbcgov.org/communityservices/humanservices/Veterans/Locations.aspx</a> |                                                    |    |     |       |
| SERVICES | Benefits and medical care assistance; appointments preferred, walk-ins welcome                                                                                                      |                                                    |    |     |       |

|          |                                                                                                                                                                                     |                                                    |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----|-----|-------|
| NAME     | Veterans Services -South County Office                                                                                                                                              |                                                    |    |     |       |
| ADDRESS  | 225 S. Congress Ave., 2 <sup>nd</sup> Floor                                                                                                                                         |                                                    |    |     |       |
| CITY     | Delray Beach                                                                                                                                                                        | STATE                                              | FL | ZIP | 33444 |
| PHONE    | 561-274-1138                                                                                                                                                                        | HOURS M/T/W/F, 8:00 AM—5:00 PM<br>R, 8:00—11:30 AM |    |     |       |
| WEBSITE  | <a href="http://discover.pbcgov.org/communityservices/humanservices/Veterans/Locations.aspx">http://discover.pbcgov.org/communityservices/humanservices/Veterans/Locations.aspx</a> |                                                    |    |     |       |
| SERVICES | Benefits and medical care assistance; by appointment only                                                                                                                           |                                                    |    |     |       |

|          |                                                                                   |                              |    |     |       |  |
|----------|-----------------------------------------------------------------------------------|------------------------------|----|-----|-------|--|
| NAME     | West Palm Beach VA Medical Center                                                 |                              |    |     |       |  |
| ADDRESS  | 7305 N. Military Trail                                                            |                              |    |     |       |  |
| CITY     | West Palm Beach                                                                   | STATE                        | FL | ZIP | 33410 |  |
| PHONE    | 561-422-8262, 800-972-8262                                                        | HOURS Daily, 9:00 AM—9:00 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.westpalmbeach.va.gov/">https://www.westpalmbeach.va.gov/</a> |                              |    |     |       |  |
| SERVICES | Comprehensive healthcare services for veterans                                    |                              |    |     |       |  |

|          |                                                                                                                                                                         |       |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Boca Raton Community-Based Outpatient Clinic                                                                                                                            |       |    |     |       |
| ADDRESS  | 901 Meadows Rd.                                                                                                                                                         |       |    |     |       |
| CITY     | Boca Raton                                                                                                                                                              | STATE | FL | ZIP | 33433 |
| PHONE    | 561-416-8995                                                                                                                                                            |       |    |     |       |
| WEBSITE  | <a href="https://www.westpalmbeach.va.gov/WESTPALMBEACH/locations/Boca_Raton_CBOC.asp">https://www.westpalmbeach.va.gov/WESTPALMBEACH/locations/Boca_Raton_CBOC.asp</a> |       |    |     |       |
| SERVICES | Comprehensive healthcare services for veterans                                                                                                                          |       |    |     |       |

|          |                                                                                                                                                                                     |                                   |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----|-----|-------|
| NAME     | Palm Beach Vet Center                                                                                                                                                               |                                   |    |     |       |
| ADDRESS  | 4996 10 <sup>th</sup> Ave. N, Suite 6                                                                                                                                               |                                   |    |     |       |
| CITY     | Greenacres                                                                                                                                                                          | STATE                             | FL | ZIP | 33463 |
| PHONE    | 561-422-1201                                                                                                                                                                        | HOURS Call 561-422-1220 for hours |    |     |       |
| WEBSITE  | <a href="https://www.westpalmbeach.va.gov/WESTPALMBEACH/locations/Palm_Beach_Vet_Center.asp">https://www.westpalmbeach.va.gov/WESTPALMBEACH/locations/Palm_Beach_Vet_Center.asp</a> |                                   |    |     |       |
| SERVICES | Comprehensive healthcare services for veterans                                                                                                                                      |                                   |    |     |       |

|          |                                                                                                                                                                             |       |    |     |       |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Delray Beach Community-Based Outpatient Clinic                                                                                                                              |       |    |     |       |
| ADDRESS  | 4800 Linton Blvd., Bldg. E, Suite 300                                                                                                                                       |       |    |     |       |
| CITY     | Delray Beach                                                                                                                                                                | STATE | FL | ZIP | 33445 |
| PHONE    | 561-495-1973                                                                                                                                                                | HOURS |    |     |       |
| WEBSITE  | <a href="https://www.westpalmbeach.va.gov/WESTPALMBEACH/locations/Delray_Beach_CBOC.asp">https://www.westpalmbeach.va.gov/WESTPALMBEACH/locations/Delray_Beach_CBOC.asp</a> |       |    |     |       |
| SERVICES | Comprehensive healthcare services for veterans                                                                                                                              |       |    |     |       |

|          |                                                                                                                                                         |                                                                                                                                                   |    |     |       |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-------|
| NAME     | Jupiter Vet Center                                                                                                                                      |                                                                                                                                                   |    |     |       |
| ADDRESS  | 6650 W. Indiantown Rd.                                                                                                                                  |                                                                                                                                                   |    |     |       |
| CITY     | Jupiter                                                                                                                                                 | STATE                                                                                                                                             | FL | ZIP | 33458 |
| PHONE    | 561-422-1220, 877-927-8387                                                                                                                              | HOURS M, 7:30 AM—4:30 PM<br>T, 7:00 AM—4:30 PM<br>W, 7:00 AM—8:00 PM<br>R/F, 8:00 AM—4:30 PM<br>Sun, 8:00 AM—4:30 PM (1 <sup>st</sup> Sun./month) |    |     |       |
| WEBSITE  | <a href="https://www.va.gov/directory/guide/facility.asp?ID=5961&amp;dnum=All">https://www.va.gov/directory/guide/facility.asp?ID=5961&amp;dnum=All</a> |                                                                                                                                                   |    |     |       |
| SERVICES | Benefits and medical care assistance                                                                                                                    |                                                                                                                                                   |    |     |       |

|          |                                                                                     |       |    |     |       |
|----------|-------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Office of Insurance Regulation                                                      |       |    |     |       |
| ADDRESS  | 400 N. Congress Ave. Suite 210                                                      |       |    |     |       |
| CITY     | West Palm Beach                                                                     | STATE | FL | ZIP | 33401 |
| PHONE    | 561-681-6392                                                                        |       |    |     |       |
| WEBSITE  | <a href="https://www.floir.com/choices.aspx">https://www.floir.com/choices.aspx</a> |       |    |     |       |
| SERVICES | Find rate information for Medicare supplement and small group health                |       |    |     |       |

### Community Healthcare Clinics

|         |                                                                                                                     |                                                     |    |     |       |  |
|---------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----|-----|-------|--|
| NAME    | C.L. Brumback Community Health Center—Belle Glade                                                                   |                                                     |    |     |       |  |
| ADDRESS | 941 SE 1 <sup>st</sup> St.                                                                                          |                                                     |    |     |       |  |
| CITY    | Belle Glade                                                                                                         | STATE                                               | FL | ZIP | 33430 |  |
| PHONE   | 561-996-6156                                                                                                        | HOURS M-F, 8:00 AM—5:00 PM<br>Sat., 9:00 AM—1:00 PM |    |     |       |  |
| WEBSITE | <a href="http://clbrumbackprimarycareclinics.org/locations/">http://clbrumbackprimarycareclinics.org/locations/</a> |                                                     |    |     |       |  |

|         |                                                                                                                     |                                                                               |    |     |       |  |
|---------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----|-----|-------|--|
| NAME    | C.L. Brumback Community Health Center—Delray Beach                                                                  |                                                                               |    |     |       |  |
| ADDRESS | 225 S. Congress Ave.                                                                                                |                                                                               |    |     |       |  |
| CITY    | Delray Beach                                                                                                        | STATE                                                                         | FL | ZIP | 33445 |  |
| PHONE   | 561-642-1000                                                                                                        | HOURS M/T/R/F, 8:00 AM—5:00 PM<br>W, 8:00 AM—7:00 PM<br>Sat., 9:00 AM—1:00 PM |    |     |       |  |
| WEBSITE | <a href="http://clbrumbackprimarycareclinics.org/locations/">http://clbrumbackprimarycareclinics.org/locations/</a> |                                                                               |    |     |       |  |

|         |                                                                                                                     |                                                                               |    |     |       |  |
|---------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----|-----|-------|--|
| NAME    | C.L. Brumback Community Health Center—Lake Worth                                                                    |                                                                               |    |     |       |  |
| ADDRESS | 7408 Lake Worth Rd., Suite 700                                                                                      |                                                                               |    |     |       |  |
| CITY    | Lake Worth                                                                                                          | STATE                                                                         | FL | ZIP | 33467 |  |
| PHONE   | 561-642-1000                                                                                                        | HOURS M/T/W/F, 8:00 AM—5:00 PM<br>R, 8:00 AM—7:00 PM<br>Sat., 9:00 AM—1:00 PM |    |     |       |  |
| WEBSITE | <a href="http://clbrumbackprimarycareclinics.org/locations/">http://clbrumbackprimarycareclinics.org/locations/</a> |                                                                               |    |     |       |  |

|         |                                                                                                                     |                            |    |     |       |  |
|---------|---------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME    | C.L. Brumback Community Health Center—West Boca Raton                                                               |                            |    |     |       |  |
| ADDRESS | 23123 SR 7, Suite 108                                                                                               |                            |    |     |       |  |
| CITY    | Boca Raton                                                                                                          | STATE                      | FL | ZIP | 33428 |  |
| PHONE   | 561-642-1000                                                                                                        | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE | <a href="http://clbrumbackprimarycareclinics.org/locations/">http://clbrumbackprimarycareclinics.org/locations/</a> |                            |    |     |       |  |

|         |                                                                                                                     |                            |    |     |       |
|---------|---------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|
| NAME    | C.L. Brumback Community Health Center—Jupiter                                                                       |                            |    |     |       |
| ADDRESS | 411 W. Indiantown Rd.                                                                                               |                            |    |     |       |
| CITY    | Jupiter                                                                                                             | STATE                      | FL | ZIP | 33458 |
| PHONE   | 561-642-1000                                                                                                        | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |
| WEBSITE | <a href="http://clbrumbackprimarycareclinics.org/locations/">http://clbrumbackprimarycareclinics.org/locations/</a> |                            |    |     |       |

|         |                                                                                                                     |                                                                               |    |     |       |  |
|---------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----|-----|-------|--|
| NAME    | C.L. Brumback Community Health Center—Lantana                                                                       |                                                                               |    |     |       |  |
| ADDRESS | 1250 Southwinds Dr.                                                                                                 |                                                                               |    |     |       |  |
| CITY    | Lantana                                                                                                             | STATE                                                                         | FL | ZIP | 33462 |  |
| PHONE   | 561-642-1000                                                                                                        | HOURS T/W/R/F, 8:00 AM—5:00 PM<br>M, 8:00 AM—7:00 PM<br>Sat., 9:00 AM—1:00 PM |    |     |       |  |
| WEBSITE | <a href="http://clbrumbackprimarycareclinics.org/locations/">http://clbrumbackprimarycareclinics.org/locations/</a> |                                                                               |    |     |       |  |

|         |                                                                                                                     |                                                                               |    |     |       |  |
|---------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----|-----|-------|--|
| NAME    | C.L. Brumback Community Health Center—West Palm Beach                                                               |                                                                               |    |     |       |  |
| ADDRESS | 1150 45 <sup>th</sup> St.                                                                                           |                                                                               |    |     |       |  |
| CITY    | West Palm Beach                                                                                                     | STATE                                                                         | FL | ZIP | 33407 |  |
| PHONE   | 561-642-1000                                                                                                        | HOURS M/W/R/F, 8:00 AM—5:00 PM<br>T, 8:00 AM—7:00 PM<br>Sat., 9:00 AM—1:00 PM |    |     |       |  |
| WEBSITE | <a href="http://clbrumbackprimarycareclinics.org/locations/">http://clbrumbackprimarycareclinics.org/locations/</a> |                                                                               |    |     |       |  |

|         |                          |                                                                               |    |     |       |  |
|---------|--------------------------|-------------------------------------------------------------------------------|----|-----|-------|--|
| NAME    | FoundCare –Palm Springs  |                                                                               |    |     |       |  |
| ADDRESS | 2330 S. Congress Ave.    |                                                                               |    |     |       |  |
| CITY    | West Palm Beach          | STATE                                                                         | FL | ZIP | 33407 |  |
| PHONE   | 561-472-2466             | HOURS M/F, 8:00 AM—5:00 PM<br>T/W/R, 8:00 AM—8:00 PM<br>Sat., 8:00 AM—1:00 PM |    |     |       |  |
| WEBSITE | http://www.foundcare.org |                                                                               |    |     |       |  |

## PASCO COUNTY

|          |                                                   |                      |    |     |       |
|----------|---------------------------------------------------|----------------------|----|-----|-------|
| NAME     | County Health Department Contact—Denise Fackender |                      |    |     |       |
| ADDRESS  | 33845 SR 54                                       |                      |    |     |       |
| CITY     | Wesley Chapel                                     | STATE                | FL | ZIP | 33543 |
| PHONE    | 813-364-5812                                      | HOURS M-F, 8 AM—5 PM |    |     |       |
| WEBSITE  | http://pasco.floridahealth.gov/                   |                      |    |     |       |
| SERVICES | Hepatitis A and B vaccines, Hepatitis testing     |                      |    |     |       |

|          |                                                                               |                      |    |     |       |
|----------|-------------------------------------------------------------------------------|----------------------|----|-----|-------|
| NAME     | County Health Department                                                      |                      |    |     |       |
| ADDRESS  | 13941 15 <sup>th</sup> St.                                                    |                      |    |     |       |
| CITY     | Dade City                                                                     | STATE                | FL | ZIP | 33525 |
| PHONE    | 352-521-1450                                                                  | HOURS M-F, 8 AM—5 PM |    |     |       |
| WEBSITE  | <a href="http://pasco.floridahealth.gov/">http://pasco.floridahealth.gov/</a> |                      |    |     |       |
| SERVICES | Hepatitis A and B vaccines, Hepatitis testing                                 |                      |    |     |       |

|          |                                               |                      |    |     |       |
|----------|-----------------------------------------------|----------------------|----|-----|-------|
| NAME     | County Health Department                      |                      |    |     |       |
| ADDRESS  | 10841 Little Road                             |                      |    |     |       |
| CITY     | New Port Richey                               | STATE                | FL | ZIP | 34654 |
| PHONE    | 727-619-0300                                  | HOURS M-F, 8 AM—5 PM |    |     |       |
| WEBSITE  | http://pasco.floridahealth.gov/               |                      |    |     |       |
| SERVICES | Hepatitis A and B vaccines, Hepatitis testing |                      |    |     |       |

|       |                                                 |  |  |  |  |
|-------|-------------------------------------------------|--|--|--|--|
| NAME  | DOH Regional Volunteer Coordinator—Joyce Coufal |  |  |  |  |
| PHONE | 352-589-6424 ext. 2265                          |  |  |  |  |

## Medicaid, Social Security, and Related Services

|          |                                                                                                                                                                                                                                                                          |                       |    |     |       |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----|-----|-------|
| NAME     | Medicaid Eligibility                                                                                                                                                                                                                                                     |                       |    |     |       |
| ADDRESS  | 9550 US 19 Highway North, Suite 201-A                                                                                                                                                                                                                                    |                       |    |     |       |
| CITY     | Port Richey                                                                                                                                                                                                                                                              | STATE                 | FL | ZIP | 34668 |
| PHONE    | 1-866-762-2267 (Customer Call Center)                                                                                                                                                                                                                                    | HOURS 8:00 AM—5:00 PM |    |     |       |
| SERVICES | Apply online: <a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a><br>Find local assistance here: <a href="https://access-web.dcf.state.fl.us/CPSLookup/search.asp">https://access-web.dcf.state.fl.us/CPSLookup/search.asp</a> |                       |    |     |       |

|         |                        |                                               |    |     |       |
|---------|------------------------|-----------------------------------------------|----|-----|-------|
| NAME    | Social Security Office |                                               |    |     |       |
| ADDRESS | 36630 Adair Rd.        |                                               |    |     |       |
| CITY    | Dade City              | STATE                                         | FL | ZIP | 33525 |
| PHONE   | 800-772-1213           | HOURS M, T, R, F: 9 AM—4 PM<br>W: 9 AM –12 PM |    |     |       |

|         |                        |                                               |    |     |       |
|---------|------------------------|-----------------------------------------------|----|-----|-------|
| NAME    | Social Security Office |                                               |    |     |       |
| ADDRESS | 8661 Citizens Drive    |                                               |    |     |       |
| CITY    | New Port Richey        | STATE                                         | FL | ZIP | 34654 |
| PHONE   | 800-772-1213           | HOURS M, T, R, F: 9 AM—4 PM<br>W: 9 AM –12 PM |    |     |       |

|          |                                                 |                            |    |     |       |  |
|----------|-------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Human & Veterans Services                       |                            |    |     |       |  |
| ADDRESS  | 8620 Galen Wilson Boulevard                     |                            |    |     |       |  |
| CITY     | Port Richey                                     | STATE                      | FL | ZIP | 34668 |  |
| PHONE    | 727-847-2411 (Human)<br>727-834-3282 (Veterans) | HOURS M-F: 8:00 AM—5:00 PM |    |     |       |  |
| SERVICES | Medicaid assistance, VA benefits                |                            |    |     |       |  |

|          |                                                                                                                                     |  |                            |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|----|-----|-------|
| NAME     | New Port Richey Outpatient Clinic                                                                                                   |  |                            |    |     |       |
| ADDRESS  | 9912 Little Road                                                                                                                    |  |                            |    |     |       |
| CITY     | New Port Richey                                                                                                                     |  | STATE                      | FL | ZIP | 34654 |
| PHONE    | 727-869-4100                                                                                                                        |  | HOURS M-F: 8:00 AM—4:30 PM |    |     |       |
| WEBSITE  | <a href="https://www.tampa.va.gov/locations/New_Port_Richey_OPC.asp">https://www.tampa.va.gov/locations/New_Port_Richey_OPC.asp</a> |  |                            |    |     |       |
| SERVICES | Primary care services for veterans                                                                                                  |  |                            |    |     |       |

|          |                                                                                                                               |                            |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|
| NAME     | Zephyrhills CBOC (Veterans Clinic)                                                                                            |                            |    |     |       |
| ADDRESS  | 6937 Medical View Lane                                                                                                        |                            |    |     |       |
| CITY     | Zephyrhills                                                                                                                   | STATE                      | FL | ZIP | 33541 |
| PHONE    | 727-869-4100                                                                                                                  | HOURS M-F: 8:00 AM—5:00 PM |    |     |       |
| WEBSITE  | <a href="https://www.tampa.va.gov/locations/Zephyrhills_CBOC.asp">https://www.tampa.va.gov/locations/Zephyrhills_CBOC.asp</a> |                            |    |     |       |
| SERVICES | Primary care services for veterans                                                                                            |                            |    |     |       |

|          |                                                                                     |       |    |     |       |
|----------|-------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Office of Insurance Regulation—Tampa Service Office                                 |       |    |     |       |
| ADDRESS  | 5309 East Fowler Ave.                                                               |       |    |     |       |
| CITY     | Tampa                                                                               | STATE | FL | ZIP | 33617 |
| PHONE    | Toll free—1-877-693-5236                                                            |       |    |     |       |
| WEBSITE  | <a href="https://www.floir.com/choices.aspx">https://www.floir.com/choices.aspx</a> |       |    |     |       |
| SERVICES | Find rate information for Medicare supplement and small group health                |       |    |     |       |

## Community Healthcare Clinics

|          |                                                                                           |                                                   |    |     |       |  |
|----------|-------------------------------------------------------------------------------------------|---------------------------------------------------|----|-----|-------|--|
| NAME     | Dade City Family Health Center                                                            |                                                   |    |     |       |  |
| ADDRESS  | 14027 5 <sup>th</sup> St                                                                  |                                                   |    |     |       |  |
| CITY     | Dade City                                                                                 | STATE                                             | FL | ZIP | 33525 |  |
| PHONE    | 352-518-2000 or 727-645-4185                                                              | HOURS M: 7:00 AM –7:00 PM<br>T-F: 7:00 AM—4:00 PM |    |     |       |  |
| WEBSITE  | <a href="https://premierhc.org/">https://premierhc.org/</a>                               |                                                   |    |     |       |  |
| SERVICES | Hepatitis A/B vaccines, hepatitis testing; takes insured/uninsured (pay on sliding scale) |                                                   |    |     |       |  |

|          |                                                                                                   |                                                   |    |     |       |  |
|----------|---------------------------------------------------------------------------------------------------|---------------------------------------------------|----|-----|-------|--|
| NAME     | Hudson Family Health Center                                                                       |                                                   |    |     |       |  |
| ADDRESS  | 11611 Denton Ave.                                                                                 |                                                   |    |     |       |  |
| CITY     | Hudson                                                                                            | STATE                                             | FL | ZIP | 34667 |  |
| PHONE    | 352-518-2000 or 727-645-4185                                                                      | HOURS M: 7:00 AM –7:00 PM<br>T-F: 7:00 AM—4:00 PM |    |     |       |  |
| WEBSITE  | https://premierhc.org/                                                                            |                                                   |    |     |       |  |
| SERVICES | Hepatitis A and B vaccines, hepatitis testing; takes insured and uninsured (pay on sliding scale) |                                                   |    |     |       |  |

|          |                                                                                                   |       |                           |     |       |  |
|----------|---------------------------------------------------------------------------------------------------|-------|---------------------------|-----|-------|--|
| NAME     | Lacoochee Family Health Center                                                                    |       |                           |     |       |  |
| ADDRESS  | 38724 Mudcat Grant Blvd.                                                                          |       |                           |     |       |  |
| CITY     | Dade City                                                                                         | STATE | FL                        | ZIP | 33523 |  |
| PHONE    | 352-518-2000 or 727-645-4185                                                                      |       | HOURS W: 7:00 AM –4:00 PM |     |       |  |
| WEBSITE  | https://premierhc.org/                                                                            |       |                           |     |       |  |
| SERVICES | Hepatitis A and B vaccines, hepatitis testing; takes insured and uninsured (pay on sliding scale) |       |                           |     |       |  |

|          |                                                                                                   |                                                   |    |     |       |  |
|----------|---------------------------------------------------------------------------------------------------|---------------------------------------------------|----|-----|-------|--|
| NAME     | New Port Richey Family Health Center                                                              |                                                   |    |     |       |  |
| ADDRESS  | 2114 Seven Springs Blvd.                                                                          |                                                   |    |     |       |  |
| CITY     | Trinity                                                                                           | STATE                                             | FL | ZIP | 34655 |  |
| PHONE    | 352-518-2000 or 727-645-4185                                                                      | HOURS M: 7:00 AM –7:00 PM<br>T-F: 7:00 AM—4:00 PM |    |     |       |  |
| WEBSITE  | <a href="https://premierhc.org/">https://premierhc.org/</a>                                       |                                                   |    |     |       |  |
| SERVICES | Hepatitis A and B vaccines, hepatitis testing; takes insured and uninsured (pay on sliding scale) |                                                   |    |     |       |  |

|          |                                                                                                   |       |                                                   |     |       |  |
|----------|---------------------------------------------------------------------------------------------------|-------|---------------------------------------------------|-----|-------|--|
| NAME     | Zephyrhills Family Health Center                                                                  |       |                                                   |     |       |  |
| ADDRESS  | 37920 Medical Arts Ct.                                                                            |       |                                                   |     |       |  |
| CITY     | Zephyrhills                                                                                       | STATE | FL                                                | ZIP | 33541 |  |
| PHONE    | 352-518-2000 or 727-645-4185                                                                      |       | HOURS M: 7:00 AM –7:00 PM<br>T-F: 7:00 AM—4:00 PM |     |       |  |
| WEBSITE  | <a href="https://premierhc.org/">https://premierhc.org/</a>                                       |       |                                                   |     |       |  |
| SERVICES | Hepatitis A and B vaccines, hepatitis testing; takes insured and uninsured (pay on sliding scale) |       |                                                   |     |       |  |

|          |                                                                                         |                                                                                        |    |     |       |  |
|----------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----|-----|-------|--|
| NAME     | Good Samaritan Health Clinic of Pasco, Inc.                                             |                                                                                        |    |     |       |  |
| ADDRESS  | 85334 Aspen St.                                                                         |                                                                                        |    |     |       |  |
| CITY     | New Port Richey                                                                         | STATE                                                                                  | FL | ZIP | 34652 |  |
| PHONE    | 727-848-7789                                                                            | HOURS M: 10:00 AM –4:00 PM<br>T: 10:00 AM—5:30 PM<br>(closed daily from 12:00—1:00 PM) |    |     |       |  |
| WEBSITE  | http://goodsamclinic.org                                                                |                                                                                        |    |     |       |  |
| SERVICES | Hepatitis C treatment; must meet poverty guidelines to be a patient; \$5 donation/visit |                                                                                        |    |     |       |  |

|          |                                                                                                     |                                                   |    |     |       |  |
|----------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------|----|-----|-------|--|
| NAME     | West Coast Infectious Disease                                                                       |                                                   |    |     |       |  |
| ADDRESS  | 8607 Easthaven Ct., Suite 101                                                                       |                                                   |    |     |       |  |
| CITY     | New Port Richey                                                                                     | STATE                                             | FL | ZIP | 34655 |  |
| PHONE    | 727-669-6800                                                                                        | HOURS M-R: 8:30 AM –4:30 PM<br>F: 8:30 AM—4:00 PM |    |     |       |  |
| WEBSITE  | https://www.westcoastid.com/                                                                        |                                                   |    |     |       |  |
| SERVICES | Hepatitis A and B vaccines, hepatitis treatment; takes insured and uninsured (pay on sliding scale) |                                                   |    |     |       |  |

|          |                                                                                                                                                |                                                                         |    |     |       |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|-----|-------|--|
| NAME     | Dr. Saeed Ahmed—Gastroenterologist                                                                                                             |                                                                         |    |     |       |  |
| ADDRESS  | 2050 Ashley Oaks Circle                                                                                                                        |                                                                         |    |     |       |  |
| CITY     | Wesley Chapel                                                                                                                                  | STATE                                                                   | FL | ZIP | 33544 |  |
| PHONE    | 813-994-4800                                                                                                                                   | HOURS M: 3:00 PM –4:30 PM<br>T: 1:00 PM –4:30 PM<br>R: 8:30 AM—11:30 AM |    |     |       |  |
| SERVICES | Hepatitis A and B vaccines, hepatitis treatment; takes insured and uninsured (self-pay-\$160 initial visit and \$80 for each subsequent visit) |                                                                         |    |     |       |  |

|          |                                                                        |  |                        |    |     |       |
|----------|------------------------------------------------------------------------|--|------------------------|----|-----|-------|
| NAME     | Love the Golden Rule, Inc. <sup>1</sup> and HepatitisMain <sup>2</sup> |  |                        |    |     |       |
| ADDRESS  | 721 Dr. Martin Luther King, Jr. St. South                              |  |                        |    |     |       |
| CITY     | St. Petersburg                                                         |  | STATE                  | FL | ZIP | 33705 |
| PHONE    | 727-228-1650 <sup>1</sup> , 727-228-1670 <sup>2</sup>                  |  | HOURS 8:00 AM –4:30 PM |    |     |       |
| WEBSITE  | lovethgoldenrule.com                      hepatitismain.com            |  |                        |    |     |       |
| SERVICES | Hepatitis treatment for uninsured patients; \$50 per office visit      |  |                        |    |     |       |

## Substance Abuse Treatment Centers

|          |                                                                                     |       |    |     |       |
|----------|-------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Operation PAR                                                                       |       |    |     |       |
| ADDRESS  | 7720 Washington St., Suite 103                                                      |       |    |     |       |
| CITY     | Port Richey                                                                         | STATE | FL | ZIP | 34652 |
| PHONE    | 727-816-1200                                                                        |       |    |     |       |
| WEBSITE  | <a href="https://www.operationpar.org/pasco">https://www.operationpar.org/pasco</a> |       |    |     |       |
| SERVICES | Methadone clinic                                                                    |       |    |     |       |

|          |                                                                 |       |    |     |       |
|----------|-----------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Westcare                                                        |       |    |     |       |
| ADDRESS  | 6636 Rowan Road                                                 |       |    |     |       |
| CITY     | New Port Richey                                                 | STATE | FL | ZIP | 34653 |
| PHONE    | 727-846-0757                                                    |       |    |     |       |
| WEBSITE  | <a href="https://www.westcare.com">https://www.westcare.com</a> |       |    |     |       |
| SERVICES | Outpatient; drug court; veterans treatment court                |       |    |     |       |

|          |                                                                 |       |    |     |       |
|----------|-----------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Westcare                                                        |       |    |     |       |
| ADDRESS  | 6719 Gall Blvd., Suite 103                                      |       |    |     |       |
| CITY     | Zephyrhills                                                     | STATE | FL | ZIP | 33540 |
| PHONE    | 727-483-2153                                                    |       |    |     |       |
| WEBSITE  | <a href="https://www.westcare.com">https://www.westcare.com</a> |       |    |     |       |
| SERVICES | Outpatient; drug court; veterans treatment court                |       |    |     |       |

|         |                          |                            |    |     |       |
|---------|--------------------------|----------------------------|----|-----|-------|
| NAME    | FoundCare –Boynton Beach |                            |    |     |       |
| ADDRESS | 1901 S. Congress Ave.    |                            |    |     |       |
| CITY    | Boynton Beach            | STATE                      | FL | ZIP | 33426 |
| PHONE   | 561-472-2466             | HOURS M-F, 8:30 AM—5:00 PM |    |     |       |
| WEBSITE | http://www.foundcare.org |                            |    |     |       |

|         |                          |                            |    |     |       |  |
|---------|--------------------------|----------------------------|----|-----|-------|--|
| NAME    | FoundCare –Belle Glade   |                            |    |     |       |  |
| ADDRESS | 1500 NW Ave. L., Suite A |                            |    |     |       |  |
| CITY    | Belle Glade              | STATE                      | FL | ZIP | 33430 |  |
| PHONE   | 561-996-7059             | HOURS M-F, 8:00 AM—4:30 PM |    |     |       |  |
| WEBSITE | http://www.foundcare.org |                            |    |     |       |  |

|         |                             |  |                                                        |    |     |       |
|---------|-----------------------------|--|--------------------------------------------------------|----|-----|-------|
| NAME    | FoundCare –North Palm Beach |  |                                                        |    |     |       |
| ADDRESS | 840 N. US Hwy 1             |  |                                                        |    |     |       |
| CITY    | North Palm Beach            |  | STATE                                                  | FL | ZIP | 33408 |
| PHONE   | 561-776-8300                |  | HOURS M-F, 8:30 AM—5:00 PM<br>Sat./Sun. by appointment |    |     |       |
| WEBSITE | http://www.foundcare.org    |  |                                                        |    |     |       |

|          |                                                                                                                                                                             |       |    |     |       |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Hanley Center at Origins                                                                                                                                                    |       |    |     |       |
| ADDRESS  | 933 45 <sup>th</sup> St.                                                                                                                                                    |       |    |     |       |
| CITY     | West Palm Beach                                                                                                                                                             | STATE | FL | ZIP | 33407 |
| PHONE    | 844-250-9212                                                                                                                                                                |       |    |     |       |
| WEBSITE  | <a href="https://www.originsrecovery.com/locations-staff/florida-hanley-center-origins/">https://www.originsrecovery.com/locations-staff/florida-hanley-center-origins/</a> |       |    |     |       |
| SERVICES | Residential primary addiction treatment                                                                                                                                     |       |    |     |       |

|         |                                                 |                                                                      |    |     |       |  |
|---------|-------------------------------------------------|----------------------------------------------------------------------|----|-----|-------|--|
| NAME    | Central Florida Treatment Centers               |                                                                      |    |     |       |  |
| ADDRESS | 3155 Lake Worth Rd.                             |                                                                      |    |     |       |  |
| CITY    | Palm Springs                                    | STATE                                                                | FL | ZIP | 33461 |  |
| PHONE   | 561-439-8440                                    | HOURS M-F, 6:00 AM—2:00 PM<br>Sat., 7:00—9:00 AM, Sun., 7:00—8:00 AM |    |     |       |  |
| WEBSITE | http://www.methadoneworks.net/lake-worth-clinic |                                                                      |    |     |       |  |

|          |                                                                                |                                                       |    |     |       |
|----------|--------------------------------------------------------------------------------|-------------------------------------------------------|----|-----|-------|
| NAME     | West Palm Beach Metro Treatment Center                                         |                                                       |    |     |       |
| ADDRESS  | 1497 Forest Hill Blvd.                                                         |                                                       |    |     |       |
| CITY     | Lake Clarke Shores                                                             | STATE                                                 | FL | ZIP | 33406 |
| PHONE    | 877-284-7074                                                                   | HOURS M-F, 5:00 AM—1:30 PM<br>Sat/Sun, 5:30 –10:00 AM |    |     |       |
| WEBSITE  | https://newseason.com/clinics/west-palm-beach-treatment-center/                |                                                       |    |     |       |
| SERVICES | Medication-assisted treatment (methadone, buprenorphine, suboxone), counseling |                                                       |    |     |       |

### Support Groups

|         |                                                                                                                                   |                                           |    |     |       |  |
|---------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----|-----|-------|--|
| NAME    | Hepatitis Support Group at Boca Raton Community Hospital                                                                          |                                           |    |     |       |  |
| ADDRESS | 800 Meadows Rd.                                                                                                                   |                                           |    |     |       |  |
| CITY    | Boca Raton                                                                                                                        | STATE                                     | FL | ZIP | 33486 |  |
| PHONE   | 561-394-8996                                                                                                                      | HOURS First Tuesday of the month, 7:00 pm |    |     |       |  |
| WEBSITE | <a href="http://www.hepatitiscentral.com/hcv/support/fl/bocaraton/">http://www.hepatitiscentral.com/hcv/support/fl/bocaraton/</a> |                                           |    |     |       |  |

## PINELLAS COUNTY

|          |                                                                        |                      |    |     |       |  |
|----------|------------------------------------------------------------------------|----------------------|----|-----|-------|--|
| NAME     | County Health Department Contact—Kyle Olle                             |                      |    |     |       |  |
| ADDRESS  | 205 Dr. Martin Luther King St., North                                  |                      |    |     |       |  |
| CITY     | St. Petersburg                                                         | STATE                | FL | ZIP | 33701 |  |
| PHONE    | 727-824-6932                                                           | HOURS M-F, 8 AM—5 PM |    |     |       |  |
| WEBSITE  | http://pinellas.floridahealth.gov/                                     |                      |    |     |       |  |
| SERVICES | Hepatitis A and B vaccines (by appt. only), call 352-540-6800 for cost |                      |    |     |       |  |

|       |                                                 |  |  |  |  |
|-------|-------------------------------------------------|--|--|--|--|
| NAME  | DOH Regional Volunteer Coordinator—Joyce Coufal |  |  |  |  |
| PHONE | 352-589-6424 ext. 2265                          |  |  |  |  |

### Medicaid, Social Security, and Related Services

|          |                                                                                                                                                                                                                                                                          |       |                       |     |       |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------|-----|-------|--|
| NAME     | Medicaid Eligibility                                                                                                                                                                                                                                                     |       |                       |     |       |  |
| ADDRESS  | Mary Grizzle Building, 11351 Ulmerton Rd., Suite 130                                                                                                                                                                                                                     |       |                       |     |       |  |
| CITY     | Largo                                                                                                                                                                                                                                                                    | STATE | FL                    | ZIP | 33778 |  |
| PHONE    | 1-866-762-2237 (Customer Call Center)                                                                                                                                                                                                                                    |       | HOURS 8:00 AM—5:00 PM |     |       |  |
| SERVICES | Apply online: <a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a><br>Find local assistance here: <a href="https://access-web.dcf.state.fl.us/CPSLookup/search.asp">https://access-web.dcf.state.fl.us/CPSLookup/search.asp</a> |       |                       |     |       |  |

|          |                                                                                                                                                                                                                                                                          |       |                       |     |       |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------|-----|-------|--|
| NAME     | Medicaid Eligibility                                                                                                                                                                                                                                                     |       |                       |     |       |  |
| ADDRESS  | Sebring Building, 525 Mirror Lake Dr.                                                                                                                                                                                                                                    |       |                       |     |       |  |
| CITY     | St. Petersburg                                                                                                                                                                                                                                                           | STATE | FL                    | ZIP | 33701 |  |
| PHONE    | 1-866-762-2237 (Customer Call Center)                                                                                                                                                                                                                                    |       | HOURS 8:00 AM—5:00 PM |     |       |  |
| SERVICES | Apply online: <a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a><br>Find local assistance here: <a href="https://access-web.dcf.state.fl.us/CPSLookup/search.asp">https://access-web.dcf.state.fl.us/CPSLookup/search.asp</a> |       |                       |     |       |  |

|         |                        |                                              |    |     |       |
|---------|------------------------|----------------------------------------------|----|-----|-------|
| NAME    | Social Security Office |                                              |    |     |       |
| ADDRESS | 2340 Drew Rd.          |                                              |    |     |       |
| CITY    | Clearwater             | STATE                                        | FL | ZIP | 33765 |
| PHONE   | 800-772-1213           | HOURS M, T, R, F: 9 AM—4 PM<br>W: 9 AM—12 PM |    |     |       |

|          |                                                                      |                            |    |     |       |  |
|----------|----------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Veterans Services                                                    |                            |    |     |       |  |
| ADDRESS  | 2189 Cleveland St.                                                   |                            |    |     |       |  |
| CITY     | Clearwater                                                           | STATE                      | FL | ZIP | 33765 |  |
| PHONE    | 727-464-8460                                                         | HOURS M-F: 7:30 AM—4:30 PM |    |     |       |  |
| WEBSITE  | http://www.pinellascounty.org/veterans                               |                            |    |     |       |  |
| SERVICES | Assists veterans and their families access benefits, like healthcare |                            |    |     |       |  |

|          |                                                                      |       |                                                 |     |       |  |
|----------|----------------------------------------------------------------------|-------|-------------------------------------------------|-----|-------|--|
| NAME     | Veterans Services                                                    |       |                                                 |     |       |  |
| ADDRESS  | 8751 Ulmerton Rd.                                                    |       |                                                 |     |       |  |
| CITY     | Largo                                                                | STATE | FL                                              | ZIP | 33771 |  |
| PHONE    | 727-524-4410 x 7694                                                  |       | HOURS M-F: 7:30 AM—4:30 PM<br>By appt. only T/W |     |       |  |
| WEBSITE  | http://www.pinellascounty.org/veterans                               |       |                                                 |     |       |  |
| SERVICES | Assists veterans and their families access benefits, like healthcare |       |                                                 |     |       |  |

|          |                                                                      |                            |    |     |       |  |
|----------|----------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Veterans Services                                                    |                            |    |     |       |  |
| ADDRESS  | 501 First Ave. North, Suite 514                                      |                            |    |     |       |  |
| CITY     | St. Petersburg                                                       | STATE                      | FL | ZIP | 33701 |  |
| PHONE    | 727-582-7828                                                         | HOURS M-F: 7:30 AM—4:30 PM |    |     |       |  |
| WEBSITE  | http://www.pinellascounty.org/veterans                               |                            |    |     |       |  |
| SERVICES | Assists veterans and their families access benefits, like healthcare |                            |    |     |       |  |

|          |                                                                      |                                               |    |     |       |  |
|----------|----------------------------------------------------------------------|-----------------------------------------------|----|-----|-------|--|
| NAME     | Veterans Services                                                    |                                               |    |     |       |  |
| ADDRESS  | 301 S. Disston Ave.                                                  |                                               |    |     |       |  |
| CITY     | Tarpon Springs                                                       | STATE                                         | FL | ZIP | 34689 |  |
| PHONE    | 727-524-4410 x 7694                                                  | HOURS M-F: 7:30 AM—4:30 PM<br>By appt. only R |    |     |       |  |
| WEBSITE  | http://www.pinellascounty.org/veterans                               |                                               |    |     |       |  |
| SERVICES | Assists veterans and their families access benefits, like healthcare |                                               |    |     |       |  |

|          |                                                                                                                               |                            |    |     |       |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Human Services                                                                                                                |                            |    |     |       |  |
| ADDRESS  | 2189 Cleveland St., Suite 230                                                                                                 |                            |    |     |       |  |
| CITY     | Clearwater                                                                                                                    | STATE                      | FL | ZIP | 33765 |  |
| PHONE    | 727-464-4200                                                                                                                  | HOURS M-F: 7:30 AM—4:30 PM |    |     |       |  |
| WEBSITE  | <a href="http://www.pinellascounty.org/humanservices/default.htm">http://www.pinellascounty.org/humanservices/default.htm</a> |                            |    |     |       |  |
| SERVICES | Assists residents in obtaining access to medical care, medical homes                                                          |                            |    |     |       |  |

|          |                                                                                                                               |                            |    |     |       |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Human Services                                                                                                                |                            |    |     |       |  |
| ADDRESS  | 647 1 <sup>st</sup> Ave., North                                                                                               |                            |    |     |       |  |
| CITY     | St. Petersburg                                                                                                                | STATE                      | FL | ZIP | 33701 |  |
| PHONE    | 727-464-4200                                                                                                                  | HOURS M-F: 7:30 AM—4:30 PM |    |     |       |  |
| WEBSITE  | <a href="http://www.pinellascounty.org/humanservices/default.htm">http://www.pinellascounty.org/humanservices/default.htm</a> |                            |    |     |       |  |
| SERVICES | Assists residents in obtaining access to medical care, medical homes                                                          |                            |    |     |       |  |

|          |                                                                                     |       |    |     |       |  |
|----------|-------------------------------------------------------------------------------------|-------|----|-----|-------|--|
| NAME     | Office of Insurance Regulation—Tampa Service Office                                 |       |    |     |       |  |
| ADDRESS  | 5309 East Fowler Ave.                                                               |       |    |     |       |  |
| CITY     | Tampa                                                                               | STATE | FL | ZIP | 33617 |  |
| PHONE    | Toll free—1-877-693-5236                                                            |       |    |     |       |  |
| WEBSITE  | <a href="https://www.floir.com/choices.aspx">https://www.floir.com/choices.aspx</a> |       |    |     |       |  |
| SERVICES | Find rate information for Medicare supplement and small group health                |       |    |     |       |  |

## Community Healthcare Clinics

|          |                                                                                                                                      |                            |    |     |       |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Community Health Centers of Pinellas                                                                                                 |                            |    |     |       |  |
| ADDRESS  | 5523 Roosevelt Blvd.                                                                                                                 |                            |    |     |       |  |
| CITY     | Clearwater                                                                                                                           | STATE                      | FL | ZIP | 33760 |  |
| PHONE    | 727-824-8181                                                                                                                         | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.chcpinellas.org/">https://www.chcpinellas.org/</a>                                                              |                            |    |     |       |  |
| SERVICES | Hepatitis vaccination and testing; referred out to a specialist for treatment<br>Takes uninsured (pay be sliding scale) and Medicaid |                            |    |     |       |  |

|          |                                                                                                                                      |                                                     |    |     |       |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----|-----|-------|--|
| NAME     | Community Health Centers of Pinellas                                                                                                 |                                                     |    |     |       |  |
| ADDRESS  | 707 Druid Rd East                                                                                                                    |                                                     |    |     |       |  |
| CITY     | Clearwater                                                                                                                           | STATE                                               | FL | ZIP | 33756 |  |
| PHONE    | 727-824-8181                                                                                                                         | HOURS M-W, 7:30 AM—8:00 PM<br>R-F, 7:30 AM –5:00 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.chcpinellas.org/">https://www.chcpinellas.org/</a>                                                              |                                                     |    |     |       |  |
| SERVICES | Hepatitis vaccination and testing; referred out to a specialist for treatment<br>Takes uninsured (pay be sliding scale) and Medicaid |                                                     |    |     |       |  |

|          |                                                                                                                                      |       |                            |     |       |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|-----|-------|--|
| NAME     | Community Health Centers of Pinellas                                                                                                 |       |                            |     |       |  |
| ADDRESS  | 1721 Main St.                                                                                                                        |       |                            |     |       |  |
| CITY     | Dunedin                                                                                                                              | STATE | FL                         | ZIP | 34698 |  |
| PHONE    | 727-824-8181                                                                                                                         |       | HOURS M-F, 8:00 AM—5:00 PM |     |       |  |
| WEBSITE  | <a href="https://www.chcpinellas.org/">https://www.chcpinellas.org/</a>                                                              |       |                            |     |       |  |
| SERVICES | Hepatitis vaccination and testing; referred out to a specialist for treatment<br>Takes uninsured (pay be sliding scale) and Medicaid |       |                            |     |       |  |

|          |                                                                                                                                      |       |                            |     |       |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|-----|-------|--|
| NAME     | Community Health Centers of Pinellas                                                                                                 |       |                            |     |       |  |
| ADDRESS  | 12420 130 <sup>th</sup> Ave, North                                                                                                   |       |                            |     |       |  |
| CITY     | Largo                                                                                                                                | STATE | FL                         | ZIP | 33774 |  |
| PHONE    | 727-824-8181                                                                                                                         |       | HOURS M-F, 8:00 AM—5:00 PM |     |       |  |
| WEBSITE  | <a href="https://www.chcpinellas.org/">https://www.chcpinellas.org/</a>                                                              |       |                            |     |       |  |
| SERVICES | Hepatitis vaccination and testing; referred out to a specialist for treatment<br>Takes uninsured (pay be sliding scale) and Medicaid |       |                            |     |       |  |

|          |                                                                                                                                      |                                                                                                      |    |     |       |
|----------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----|-----|-------|
| NAME     | Community Health Centers of Pinellas                                                                                                 |                                                                                                      |    |     |       |
| ADDRESS  | 7550 43 <sup>rd</sup> St., North                                                                                                     |                                                                                                      |    |     |       |
| CITY     | Pinellas Park                                                                                                                        | STATE                                                                                                | FL | ZIP | 33781 |
| PHONE    | 727-824-8181                                                                                                                         | HOURS M & F, 7:30 AM—5:00 PM<br>T & W, 7:30 AM—8:00 PM<br>R, 8:00 AM—8:00 PM<br>Sat, 8:00 AM—4:00 PM |    |     |       |
| WEBSITE  | <a href="https://www.chcpinellas.org/">https://www.chcpinellas.org/</a>                                                              |                                                                                                      |    |     |       |
| SERVICES | Hepatitis vaccination and testing; referred out to a specialist for treatment<br>Takes uninsured (pay be sliding scale) and Medicaid |                                                                                                      |    |     |       |

|          |                                                                                                                                      |                                                                                                      |    |     |       |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----|-----|-------|--|
| NAME     | Community Health Centers of Pinellas at Johnnie Ruth Clarke                                                                          |                                                                                                      |    |     |       |  |
| ADDRESS  | 1344 22 <sup>nd</sup> St., South                                                                                                     |                                                                                                      |    |     |       |  |
| CITY     | St. Petersburg                                                                                                                       | STATE                                                                                                | FL | ZIP | 33712 |  |
| PHONE    | 727-824-8181                                                                                                                         | HOURS M & R, 7:30 AM—8:00 PM<br>T & W, 7:30 AM—7:00 PM<br>R, 7:30 AM—5:00 PM<br>Sat, 8:00 AM—4:30 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.chcpinellas.org/">https://www.chcpinellas.org/</a>                                                              |                                                                                                      |    |     |       |  |
| SERVICES | Hepatitis vaccination and testing; referred out to a specialist for treatment<br>Takes uninsured (pay be sliding scale) and Medicaid |                                                                                                      |    |     |       |  |

|          |                                                                                                                                      |                            |    |     |       |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Community Health Centers of Pinellas                                                                                                 |                            |    |     |       |  |
| ADDRESS  | 612 Dr. Martin Luther King, Jr. St. North                                                                                            |                            |    |     |       |  |
| CITY     | St. Petersburg                                                                                                                       | STATE                      | FL | ZIP | 33701 |  |
| PHONE    | 727-824-8181                                                                                                                         | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.chcpinellas.org/">https://www.chcpinellas.org/</a>                                                              |                            |    |     |       |  |
| SERVICES | Hepatitis vaccination and testing; referred out to a specialist for treatment<br>Takes uninsured (pay be sliding scale) and Medicaid |                            |    |     |       |  |

|          |                                                                                                                                      |  |                                                         |    |     |       |
|----------|--------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|----|-----|-------|
| NAME     | Community Health Centers of Pinellas                                                                                                 |  |                                                         |    |     |       |
| ADDRESS  | 247 S. Huey Ave.                                                                                                                     |  |                                                         |    |     |       |
| CITY     | Tarpon Springs                                                                                                                       |  | STATE                                                   | FL | ZIP | 34689 |
| PHONE    | 727-824-8181                                                                                                                         |  | HOURS M, T, R, F, 8:00 AM—5:00 PM<br>W, 8:00 AM—8:00 PM |    |     |       |
| WEBSITE  | <a href="https://www.chcpinellas.org/">https://www.chcpinellas.org/</a>                                                              |  |                                                         |    |     |       |
| SERVICES | Hepatitis vaccination and testing; referred out to a specialist for treatment<br>Takes uninsured (pay be sliding scale) and Medicaid |  |                                                         |    |     |       |

### Substance Abuse Treatment Centers

|          |                                                                                           |                       |    |     |       |  |
|----------|-------------------------------------------------------------------------------------------|-----------------------|----|-----|-------|--|
| NAME     | Operation PAR –Largo Campus Outpatient                                                    |                       |    |     |       |  |
| ADDRESS  | 13800 66 <sup>th</sup> St., North                                                         |                       |    |     |       |  |
| CITY     | Largo                                                                                     | STATE                 | FL | ZIP | 33774 |  |
| PHONE    | 1-888-727-6398                                                                            | HOURS 8:30 AM—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.operationpar.org/pinellas">https://www.operationpar.org/pinellas</a> |                       |    |     |       |  |
| SERVICES | Outpatient services                                                                       |                       |    |     |       |  |

|          |                                                                                                 |                        |    |     |       |  |
|----------|-------------------------------------------------------------------------------------------------|------------------------|----|-----|-------|--|
| NAME     | Operation PAR –Medication Assisted Patient Services                                             |                        |    |     |       |  |
| ADDRESS  | 6150 150 <sup>th</sup> Ave. North                                                               |                        |    |     |       |  |
| CITY     | Clearwater                                                                                      | STATE                  | FL | ZIP | 33760 |  |
| PHONE    | 727-507-4673                                                                                    | HOURS 5:30 AM—11:00 AM |    |     |       |  |
| WEBSITE  | <a href="https://www.operationpar.org/pinellas">https://www.operationpar.org/pinellas</a>       |                        |    |     |       |  |
| SERVICES | Suboxone (\$350 1 <sup>st</sup> month, \$150/month thereafter), methadone (covered by Medicaid) |                        |    |     |       |  |

|          |                                                                                           |                       |    |     |       |  |
|----------|-------------------------------------------------------------------------------------------|-----------------------|----|-----|-------|--|
| NAME     | Operation PAR –COSA Outpatient Services                                                   |                       |    |     |       |  |
| ADDRESS  | 2000 4 <sup>th</sup> St. South                                                            |                       |    |     |       |  |
| CITY     | St. Petersburg                                                                            | STATE                 | FL | ZIP | 34689 |  |
| PHONE    | 1-888-727-6398                                                                            | HOURS 8:30 AM—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.operationpar.org/pinellas">https://www.operationpar.org/pinellas</a> |                       |    |     |       |  |
| SERVICES | Outpatient services                                                                       |                       |    |     |       |  |

|          |                                                                                                                                 |                                                  |    |     |       |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----|-----|-------|--|
| NAME     | Bay Area Treatment Center                                                                                                       |                                                  |    |     |       |  |
| ADDRESS  | 8800 49th St. North, Suite 106                                                                                                  |                                                  |    |     |       |  |
| CITY     | Pinellas Park                                                                                                                   | STATE                                            | FL | ZIP | 33762 |  |
| PHONE    | 727-544-0044                                                                                                                    | HOURS M-F: 5:00 AM—12:00 PM<br>S/S: 5:30—9:30 AM |    |     |       |  |
| WEBSITE  | <a href="https://newseason.com/clinics/bay-area-treatment-center/">https://newseason.com/clinics/bay-area-treatment-center/</a> |                                                  |    |     |       |  |
| SERVICES | Medical maintenance; self-pay, \$16-21/dose; soon to accept Medicaid                                                            |                                                  |    |     |       |  |

|          |                                                                     |                                                  |    |     |       |  |
|----------|---------------------------------------------------------------------|--------------------------------------------------|----|-----|-------|--|
| NAME     | St. Petersburg Metro Treatment Center                               |                                                  |    |     |       |  |
| ADDRESS  | 1919 N. Pinellas Park Ave.                                          |                                                  |    |     |       |  |
| CITY     | Tarpon Springs                                                      | STATE                                            | FL | ZIP | 34689 |  |
| PHONE    | 727-547-5200                                                        | HOURS M-F: 5:00 AM—12:00 PM<br>S/S: 5:30—9:30 AM |    |     |       |  |
| WEBSITE  | https://newseason.com/clinics/st-petersburg-metro-treatment-center/ |                                                  |    |     |       |  |
| SERVICES | Medical maintenance; self-pay, \$16-21/dose; intake 2x/week         |                                                  |    |     |       |  |

|          |                                                             |       |                                                  |     |       |  |
|----------|-------------------------------------------------------------|-------|--------------------------------------------------|-----|-------|--|
| NAME     | Tampa Metro Treatment Center                                |       |                                                  |     |       |  |
| ADDRESS  | 7207 N. Nebraska Ave.                                       |       |                                                  |     |       |  |
| CITY     | Tampa                                                       | STATE | FL                                               | ZIP | 33604 |  |
| PHONE    | 813-236-1182                                                |       | HOURS M-F: 5:00 AM—12:00 PM<br>S/S: 5:30—9:30 AM |     |       |  |
| WEBSITE  | https://newseason.com/clinics/tampa-metro-treatment-center/ |       |                                                  |     |       |  |
| SERVICES | Medical maintenance; self-pay, \$16-21/dose; intake M-F     |       |                                                  |     |       |  |

|          |                                                                                                                                           |  |                |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|----|-----|-------|
| NAME     | Agency for Community Treatment Services                                                                                                   |  |                |    |     |       |
| ADDRESS  | 2214 E. Henry Ave.                                                                                                                        |  |                |    |     |       |
| CITY     | Tampa                                                                                                                                     |  | STATE          | FL | ZIP | 33610 |
| PHONE    | 813-246-4899                                                                                                                              |  | HOURS 24 Hours |    |     |       |
| WEBSITE  | <a href="http://www.actsfl.org/outpatient-services.html">http://www.actsfl.org/outpatient-services.html</a>                               |  |                |    |     |       |
| SERVICES | Outpatient detox recovery; medication management services; medication assisted therapies; accepts insurance and self-pay on sliding scale |  |                |    |     |       |

|          |                                                                                                             |                        |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------|------------------------|----|-----|-------|
| NAME     | Agency for Community Treatment Services                                                                     |                        |    |     |       |
| ADDRESS  | 4612 N. 56 <sup>TH</sup> St.                                                                                |                        |    |     |       |
| CITY     | Tampa                                                                                                       | STATE                  | FL | ZIP | 33610 |
| PHONE    | 813-246-4899                                                                                                | HOURS 8:00 AM –6:00 PM |    |     |       |
| WEBSITE  | <a href="http://www.actsfl.org/outpatient-services.html">http://www.actsfl.org/outpatient-services.html</a> |                        |    |     |       |
| SERVICES | Aftercare services; recovery support; outpatient assessment                                                 |                        |    |     |       |

|          |                                                                                                                                           |                |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|-----|-------|
| NAME     | Agency for Community Treatment Services                                                                                                   |                |    |     |       |
| ADDRESS  | 2214 E. Henry Ave.                                                                                                                        |                |    |     |       |
| CITY     | Tampa                                                                                                                                     | STATE          | FL | ZIP | 33610 |
| PHONE    | 813-246-4899                                                                                                                              | HOURS 24 Hours |    |     |       |
| WEBSITE  | <a href="http://www.actsfl.org/outpatient-services.html">http://www.actsfl.org/outpatient-services.html</a>                               |                |    |     |       |
| SERVICES | Outpatient detox recovery; medication management services; medication assisted therapies; accepts insurance and self-pay on sliding scale |                |    |     |       |

### Support Groups

|          |                                                                                                                                                 |       |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Suncoast Hep C Friends, Inc.                                                                                                                    |       |    |     |       |
| ADDRESS  | 625 21st St. North                                                                                                                              |       |    |     |       |
| CITY     | St. Petersburg                                                                                                                                  | STATE | FL | ZIP | 33713 |
| PHONE    | Randall Owen:                                                                                                                                   | HOURS |    |     |       |
| WEBSITE  | <a href="https://www.facebook.com/Suncoast-Hep-C-Friends-216588651689950/">https://www.facebook.com/Suncoast-Hep-C-Friends-216588651689950/</a> |       |    |     |       |
| SERVICES | Local support contact for people needing information about living with HCV.                                                                     |       |    |     |       |

|         |                                                           |       |       |     |       |  |
|---------|-----------------------------------------------------------|-------|-------|-----|-------|--|
| NAME    | Hepatitis Main Liver Support Line at Love the Golden Rule |       |       |     |       |  |
| ADDRESS | 721 Dr. Martin Luther King, Jr. St. South                 |       |       |     |       |  |
| CITY    | St. Petersburg                                            | STATE | FL    | ZIP | 33701 |  |
| PHONE   | 727-228-1670                                              |       | HOURS |     |       |  |
| EMAIL   | hepatitismain@yahoo.com                                   |       |       |     |       |  |

|          |                                                                               |       |    |     |       |
|----------|-------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Hepatitis Support                                                             |       |    |     |       |
| ADDRESS  | St. Anthony's Hospital, 1200 7 <sup>th</sup> Ave. North                       |       |    |     |       |
| CITY     | St. Petersburg                                                                | STATE | FL | ZIP | 33701 |
| EMAIL    | <a href="mailto:chrisburri@aol.com">chrisburri@aol.com</a> , Chris Burr ridge |       |    |     |       |
| SERVICES | Meets every 3 <sup>rd</sup> Wednesday at 6:00 pm                              |       |    |     |       |

## POLK COUNTY

|          |                                                             |                            |    |     |       |  |
|----------|-------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | County Health Department Contact—Amber Hutchins             |                            |    |     |       |  |
| ADDRESS  | 1255 Brice Blvd.                                            |                            |    |     |       |  |
| CITY     | Bartow                                                      | STATE                      | FL | ZIP | 33830 |  |
| PHONE    | 863-578-2227                                                | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | http://polk.floridahealth.gov/                              |                            |    |     |       |  |
| SERVICES | Hepatitis A and B vaccinations; Hepatitis B and C screening |                            |    |     |       |  |

|          |                                                             |                            |    |     |       |  |
|----------|-------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | County Health Department –Auburndale Clinic                 |                            |    |     |       |  |
| ADDRESS  | 1805 Hobbs Rd.                                              |                            |    |     |       |  |
| CITY     | Auburndale                                                  | STATE                      | FL | ZIP | 33823 |  |
| PHONE    | 863-519-7910                                                | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | http://polk.floridahealth.gov/                              |                            |    |     |       |  |
| SERVICES | Hepatitis A and B vaccinations; Hepatitis B and C screening |                            |    |     |       |  |

|          |                                                             |                            |    |     |       |  |
|----------|-------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | County Health Department –Lakeland Clinic                   |                            |    |     |       |  |
| ADDRESS  | 3241 Lakeland Hills Blvd.                                   |                            |    |     |       |  |
| CITY     | Lakeland                                                    | STATE                      | FL | ZIP | 33805 |  |
| PHONE    | 863-519-7910                                                | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | http://polk.floridahealth.gov/                              |                            |    |     |       |  |
| SERVICES | Hepatitis A and B vaccinations; Hepatitis B and C screening |                            |    |     |       |  |

|       |                                                      |  |  |  |  |  |
|-------|------------------------------------------------------|--|--|--|--|--|
| NAME  | DOH Regional Volunteer Coordinator— Mariely M. Perez |  |  |  |  |  |
| PHONE | 863-519-7900 ext. 11013                              |  |  |  |  |  |

## Medicaid, Social Security, and Related Services

|          |                                                                                                                                                                                                                                                                          |       |    |     |       |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Medicaid Eligibility                                                                                                                                                                                                                                                     |       |    |     |       |
| ADDRESS  | 200 N. Kentucky Ave., 1 <sup>st</sup> floor                                                                                                                                                                                                                              |       |    |     |       |
| CITY     | Lakeland                                                                                                                                                                                                                                                                 | STATE | FL | ZIP | 33801 |
| PHONE    | Medicaid Helpline: 1-866-762-2237                                                                                                                                                                                                                                        |       |    |     |       |
| SERVICES | Apply online: <a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a><br>Find local assistance here: <a href="https://access-web.dcf.state.fl.us/CPSLookup/search.asp">https://access-web.dcf.state.fl.us/CPSLookup/search.asp</a> |       |    |     |       |

|          |                                                         |                                                          |    |     |       |
|----------|---------------------------------------------------------|----------------------------------------------------------|----|-----|-------|
| NAME     | Social Security Office                                  |                                                          |    |     |       |
| ADDRESS  | 550 Commerce Dr.                                        |                                                          |    |     |       |
| CITY     | Lakeland                                                | STATE                                                    | FL | ZIP | 33813 |
| PHONE    | 1-800-772-1213                                          | HOURS M, T, R, F, 9:00 AM—4:00 PM<br>W, 9:00 AM—12:00 PM |    |     |       |
| WEBSITE  | <a href="https://www.ssa.gov/">https://www.ssa.gov/</a> |                                                          |    |     |       |
| SERVICES | Assistance with Social Security benefits                |                                                          |    |     |       |

|          |                                                         |                                                          |    |     |       |
|----------|---------------------------------------------------------|----------------------------------------------------------|----|-----|-------|
| NAME     | Social Security Office                                  |                                                          |    |     |       |
| ADDRESS  | 1395 NW Havendale Blvd.                                 |                                                          |    |     |       |
| CITY     | Winter Haven                                            | STATE                                                    | FL | ZIP | 33881 |
| PHONE    | 1-800-772-1213                                          | HOURS M, T, R, F, 9:00 AM—4:00 PM<br>W, 9:00 AM—12:00 PM |    |     |       |
| WEBSITE  | <a href="https://www.ssa.gov/">https://www.ssa.gov/</a> |                                                          |    |     |       |
| SERVICES | Assistance with Social Security benefits                |                                                          |    |     |       |

|          |                                                                                                                                       |                            |    |     |       |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Veterans Services                                                                                                                     |                            |    |     |       |  |
| ADDRESS  | 1290 Golfview Ave.                                                                                                                    |                            |    |     |       |  |
| CITY     | Bartow                                                                                                                                | STATE                      | FL | ZIP | 33830 |  |
| PHONE    | 863-534-5200                                                                                                                          | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.polk-county.net/human-services/veteran-services">https://www.polk-county.net/human-services/veteran-services</a> |                            |    |     |       |  |
| SERVICES | Benefits and medical care assistance                                                                                                  |                            |    |     |       |  |

|          |                                                                                                                                                         |                            |    |     |       |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|
| NAME     | Lakeland Vet Center                                                                                                                                     |                            |    |     |       |
| ADDRESS  | 1370 Ariana St.                                                                                                                                         |                            |    |     |       |
| CITY     | Lakeland                                                                                                                                                | STATE                      | FL | ZIP | 33803 |
| PHONE    | 863-284-0841, 877-927-8387                                                                                                                              | HOURS M-F, 8:00 AM—4:30 PM |    |     |       |
| WEBSITE  | <a href="https://www.va.gov/directory/guide/facility.asp?ID=6360&amp;dnum=All">https://www.va.gov/directory/guide/facility.asp?ID=6360&amp;dnum=All</a> |                            |    |     |       |
| SERVICES | Benefits and medical care assistance                                                                                                                    |                            |    |     |       |

|          |                                                                                                                         |                            |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|
| NAME     | Lakeland Community Based Outpatient Clinic                                                                              |                            |    |     |       |
| ADDRESS  | 4237 S. Pipkin Rd.                                                                                                      |                            |    |     |       |
| CITY     | Lakeland                                                                                                                | STATE                      | FL | ZIP | 33811 |
| PHONE    | 863-7012470                                                                                                             | HOURS M-F, 8:00 AM—4:30 PM |    |     |       |
| WEBSITE  | <a href="https://www.tampa.va.gov/locations/Lakeland_CBOC.asp">https://www.tampa.va.gov/locations/Lakeland_CBOC.asp</a> |                            |    |     |       |
| SERVICES | Comprehensive healthcare for veterans                                                                                   |                            |    |     |       |

|          |                                                                                     |       |    |     |       |
|----------|-------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Office of Insurance Regulation                                                      |       |    |     |       |
| ADDRESS  | 5309 Easy Fowler Ave.                                                               |       |    |     |       |
| CITY     | Tampa                                                                               | STATE | FL | ZIP | 33617 |
| PHONE    | 813-987-6741                                                                        |       |    |     |       |
| WEBSITE  | <a href="https://www.floir.com/choices.aspx">https://www.floir.com/choices.aspx</a> |       |    |     |       |
| SERVICES | Find rate information for Medicare supplement and small group health                |       |    |     |       |

### Community Health Clinics

|         |                                                                                     |                                                       |    |     |       |  |
|---------|-------------------------------------------------------------------------------------|-------------------------------------------------------|----|-----|-------|--|
| NAME    | Central Florida Health Care—Lakeland                                                |                                                       |    |     |       |  |
| ADDRESS | 1129 N. Missouri Ave.                                                               |                                                       |    |     |       |  |
| CITY    | Lakeland                                                                            | STATE                                                 | FL | ZIP | 33805 |  |
| PHONE   | 863-413-5600                                                                        | HOURS M-R, 7:30 AM—6:00 PM<br>F/Sat., 7:30 AM—5:00 PM |    |     |       |  |
| WEBSITE | <a href="http://www.cfhconline.org/lakeland">http://www.cfhconline.org/lakeland</a> |                                                       |    |     |       |  |

|         |                                                                                           |                                                  |    |     |       |  |
|---------|-------------------------------------------------------------------------------------------|--------------------------------------------------|----|-----|-------|--|
| NAME    | Central Florida Health Care—Winter Haven                                                  |                                                  |    |     |       |  |
| ADDRESS | 1514 First St., North                                                                     |                                                  |    |     |       |  |
| CITY    | Winter Haven                                                                              | STATE                                            | FL | ZIP | 33881 |  |
| PHONE   | 863-292-4280                                                                              | HOURS M-R, 7:30 AM—6:30 PM<br>F, 7:30 AM—5:30 PM |    |     |       |  |
| WEBSITE | <a href="http://www.cfhconline.org/winterhaven">http://www.cfhconline.org/winterhaven</a> |                                                  |    |     |       |  |

|          |                                                                          |                        |    |     |       |
|----------|--------------------------------------------------------------------------|------------------------|----|-----|-------|
| NAME     | Love the Golden Rule, Inc. <sup>1</sup> and HepatitisMain <sup>2</sup>   |                        |    |     |       |
| ADDRESS  | 721 Dr. Martin Luther King, Jr. St. South                                |                        |    |     |       |
| CITY     | St. Petersburg                                                           | STATE                  | FL | ZIP | 33705 |
| PHONE    | 727-228-1650 <sup>1</sup> , 727-228-1670 <sup>2</sup>                    | HOURS 8:00 AM –4:30 PM |    |     |       |
| WEBSITE  | lovethgoldenrule.com                      hepatitismain.com              |                        |    |     |       |
| SERVICES | Hepatitis screening and treatment for uninsured patients; \$50 per visit |                        |    |     |       |

|         |                                 |                                                  |    |     |       |  |
|---------|---------------------------------|--------------------------------------------------|----|-----|-------|--|
| NAME    | Lakeland Volunteers in Medicine |                                                  |    |     |       |  |
| ADDRESS | 1021 Lakeland Hills Blvd.       |                                                  |    |     |       |  |
| CITY    | Lakeland                        | STATE                                            | FL | ZIP | 33805 |  |
| PHONE   | 863-688-5846                    | HOURS M, 8:00 AM—2:00 PM<br>T-F, 8:00 AM—4:30 PM |    |     |       |  |
| WEBSITE | https://www.lvim.net            |                                                  |    |     |       |  |

|          |                                                                                                                                                 |       |    |     |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Polk Healthcare Plan, Polk County Human Services                                                                                                |       |    |     |       |
| ADDRESS  | 330 W. Church St.                                                                                                                               |       |    |     |       |
| CITY     | Bartow                                                                                                                                          | STATE | FL | ZIP | 33831 |
| PHONE    | 863-533-1111                                                                                                                                    |       |    |     |       |
| WEBSITE  | <a href="https://www.polk-county.net/health-services/polk-healthcare-plan">https://www.polk-county.net/health-services/polk-healthcare-plan</a> |       |    |     |       |
| SERVICES | A healthcare plan for those who do not qualify for Medicaid or cannot afford marketplace insurance plans                                        |       |    |     |       |

|         |                                                                                               |       |    |     |       |
|---------|-----------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME    | WeCare of Central Florida                                                                     |       |    |     |       |
| ADDRESS | 205 Farnol St., SW                                                                            |       |    |     |       |
| CITY    | Winter Haven                                                                                  | STATE | FL | ZIP | 33880 |
| PHONE   | 863-662-4227                                                                                  |       |    |     |       |
| WEBSITE | <a href="http://www.wecarecentralflorida.org">http://www.wecarecentralflorida.org</a>         |       |    |     |       |
| EMAIL   | <a href="mailto:info@wecarecentralflorida.org">info@wecarecentralflorida.org</a> (preferable) |       |    |     |       |

## Substance Abuse Treatment Centers

|          |                                                                                               |       |    |     |       |
|----------|-----------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Lakeland Centres Clinic                                                                       |       |    |     |       |
| ADDRESS  | 3506 Lakeland Hills Blvd.                                                                     |       |    |     |       |
| CITY     | Lakeland                                                                                      | STATE | FL | ZIP | 33804 |
| PHONE    | 863-687-9900                                                                                  |       |    |     |       |
| WEBSITE  | <a href="http://www.lakelandmethadoneclinic.com/">http://www.lakelandmethadoneclinic.com/</a> |       |    |     |       |
| SERVICES | Methadone maintenance treatment facility                                                      |       |    |     |       |

|         |                                                                         |       |    |     |       |
|---------|-------------------------------------------------------------------------|-------|----|-----|-------|
| NAME    | Peace River Residential Treatment Center/Bartow Crisis Campus           |       |    |     |       |
| ADDRESS | 1260 Golfview Ave.                                                      |       |    |     |       |
| CITY    | Bartow                                                                  | STATE | FL | ZIP | 33830 |
| PHONE   | 863-519-3744, 800-627-5906                                              |       |    |     |       |
| WEBSITE | <a href="http://peacerivercenter.org/">http://peacerivercenter.org/</a> |       |    |     |       |

|         |                                                                         |       |    |     |       |
|---------|-------------------------------------------------------------------------|-------|----|-----|-------|
| NAME    | Peace River Substance Use Treatment Services                            |       |    |     |       |
| ADDRESS | 1835 N. Gilmore Ave.                                                    |       |    |     |       |
| CITY    | Lakeland                                                                | STATE | FL | ZIP | 33805 |
| PHONE   | 863-248-3311                                                            |       |    |     |       |
| WEBSITE | <a href="http://peacerivercenter.org/">http://peacerivercenter.org/</a> |       |    |     |       |

|         |                                                                                       |  |  |  |  |
|---------|---------------------------------------------------------------------------------------|--|--|--|--|
| NAME    | Alcoholics Anonymous                                                                  |  |  |  |  |
| PHONE   | 863-688-0211, 863-687-9275 (24/7 hotline)                                             |  |  |  |  |
| WEBSITE | <a href="http://www.heartlandintergroup.org/">http://www.heartlandintergroup.org/</a> |  |  |  |  |

|          |                                                                                                                           |                                                        |    |     |       |
|----------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----|-----|-------|
| NAME     | Tri-County Human Services –Lakeland                                                                                       |                                                        |    |     |       |
| ADDRESS  | 5421 US Hwy 98, South                                                                                                     |                                                        |    |     |       |
| CITY     | Highland City                                                                                                             | STATE                                                  | FL | ZIP | 33846 |
| PHONE    | 863-701-7373                                                                                                              | WALK-IN HOURS<br>T, 8:00 AM—1:00 PM, W, 10:00—11:00 AM |    |     |       |
| WEBSITE  | <a href="https://tchsonline.org/medication-assisted-treatment/">https://tchsonline.org/medication-assisted-treatment/</a> |                                                        |    |     |       |
| SERVICES | Medication assisted treatment                                                                                             |                                                        |    |     |       |

|          |                                                                                                                           |                                                             |    |     |       |
|----------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----|-----|-------|
| NAME     | Tri-County Human Services –Winter Haven                                                                                   |                                                             |    |     |       |
| ADDRESS  | 650 Ave. K, NW                                                                                                            |                                                             |    |     |       |
| CITY     | Winter Haven                                                                                                              | STATE                                                       | FL | ZIP | 33881 |
| PHONE    | 863-294-7900                                                                                                              | WALK-IN HOURS<br>T, 8:00 AM—1:00 PM<br>W, 10:00 AM—12:00 PM |    |     |       |
| WEBSITE  | <a href="https://tchsonline.org/medication-assisted-treatment/">https://tchsonline.org/medication-assisted-treatment/</a> |                                                             |    |     |       |
| SERVICES | Medication assisted treatment                                                                                             |                                                             |    |     |       |

|          |                                                                                                                     |                            |    |     |       |
|----------|---------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|
| NAME     | Tri-County Human Services –RASUW Center for Women                                                                   |                            |    |     |       |
| ADDRESS  | 2725 Hwy 60, East                                                                                                   |                            |    |     |       |
| CITY     | Bartow                                                                                                              | STATE                      | FL | ZIP | 33830 |
| PHONE    | 863-533-5860                                                                                                        | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |
| WEBSITE  | <a href="https://tchsonline.org/the-rasuw-center-for-women/">https://tchsonline.org/the-rasuw-center-for-women/</a> |                            |    |     |       |
| SERVICES | Residential substance abuse and mental health services                                                              |                            |    |     |       |

## Support Groups

|          |                                                             |                                    |    |     |       |
|----------|-------------------------------------------------------------|------------------------------------|----|-----|-------|
| NAME     | Hepatitis Support Group at Lakeland Regional Medical Center |                                    |    |     |       |
| ADDRESS  | 2112 Lakeland Hills Blvd.                                   |                                    |    |     |       |
| CITY     | Lakeland                                                    | STATE                              | FL | ZIP | 33805 |
| PHONE    | 863-688-0540                                                | HOURS Third Tuesday/month, 6:00 pm |    |     |       |
| EMAIL    | johnsonnurse2@yahoo.com                                     |                                    |    |     |       |
| SERVICES | Meets in Room 201; contact-Terra North                      |                                    |    |     |       |

## PUTNAM COUNTY

|          |                                                             |       |                            |     |       |  |
|----------|-------------------------------------------------------------|-------|----------------------------|-----|-------|--|
| NAME     | County Health Department Contact—Kena Foster                |       |                            |     |       |  |
| ADDRESS  | 2801 Kennedy St.                                            |       |                            |     |       |  |
| CITY     | Palatka                                                     | STATE | FL                         | ZIP | 32177 |  |
| PHONE    | 386-326-3200 ext. 3276                                      |       | HOURS M-F, 8:00 AM—5:00 PM |     |       |  |
| WEBSITE  | http://putnam.floridahealth.gov/                            |       |                            |     |       |  |
| SERVICES | Hepatitis A and B vaccinations; Hepatitis B and C screening |       |                            |     |       |  |

|       |                                                  |  |  |  |  |  |
|-------|--------------------------------------------------|--|--|--|--|--|
| NAME  | DOH Regional Volunteer Coordinator—Lori Thompson |  |  |  |  |  |
| PHONE | 904-588-8307                                     |  |  |  |  |  |

### Medicaid, Social Security, and Related Services

|          |                                                                                                                                                                                                                                                                          |       |    |     |       |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|--|
| NAME     | Medicaid Eligibility                                                                                                                                                                                                                                                     |       |    |     |       |  |
| ADDRESS  | 5000-1 Norwood Ave.                                                                                                                                                                                                                                                      |       |    |     |       |  |
| CITY     | Jacksonville                                                                                                                                                                                                                                                             | STATE | FL | ZIP | 32208 |  |
| PHONE    | Medicaid Helpline: 1-866-762-2237                                                                                                                                                                                                                                        |       |    |     |       |  |
| SERVICES | Apply online: <a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a><br>Find local assistance here: <a href="https://access-web.dcf.state.fl.us/CPSLookup/search.asp">https://access-web.dcf.state.fl.us/CPSLookup/search.asp</a> |       |    |     |       |  |

|          |                                          |                                                          |    |     |       |  |
|----------|------------------------------------------|----------------------------------------------------------|----|-----|-------|--|
| NAME     | Social Security Office                   |                                                          |    |     |       |  |
| ADDRESS  | 210 N. Palmetto Ave.                     |                                                          |    |     |       |  |
| CITY     | Daytona Beach                            | STATE                                                    | FL | ZIP | 32114 |  |
| PHONE    | 1-866-762-2237                           | HOURS M, T, R, F, 9:00 AM—4:00 PM<br>W, 9:00 AM—12:00 PM |    |     |       |  |
| WEBSITE  | https://www.ssa.gov/                     |                                                          |    |     |       |  |
| SERVICES | Assistance with Social Security benefits |                                                          |    |     |       |  |

|          |                                                                                                                                                                                                         |                                                                                                                                            |    |     |       |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-------|
| NAME     | Veterans Services –Main Office                                                                                                                                                                          |                                                                                                                                            |    |     |       |
| ADDRESS  | 2509 Crill Ave.                                                                                                                                                                                         |                                                                                                                                            |    |     |       |
| CITY     | Palatka                                                                                                                                                                                                 | STATE                                                                                                                                      | FL | ZIP | 32177 |
| PHONE    | 386-329-0327                                                                                                                                                                                            | HOURS M-F, 8:30 AM—5:00 PM<br>(closed 12-1 pm)<br>Interlachen office: T, 2-4:30 pm by appt.<br>Crescent City office: T, 2-4:15 pm by appt. |    |     |       |
| WEBSITE  | <a href="http://www.putnam-fl.com/bocc/index.php/county-departments/departments-j-z/veterans-services">http://www.putnam-fl.com/bocc/index.php/county-departments/departments-j-z/veterans-services</a> |                                                                                                                                            |    |     |       |
| SERVICES | Benefits and medical care assistance                                                                                                                                                                    |                                                                                                                                            |    |     |       |

|          |                                                                                                                                     |                            |    |     |       |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Palatka Community Based Outpatient Clinic                                                                                           |                            |    |     |       |  |
| ADDRESS  | 400 N. SR 19, Suite 48                                                                                                              |                            |    |     |       |  |
| CITY     | Palatka                                                                                                                             | STATE                      | FL | ZIP | 32177 |  |
| PHONE    | 386-329-8800                                                                                                                        | HOURS M-F, 8:00 AM—4:30 PM |    |     |       |  |
| WEBSITE  | <a href="https://www.northflorida.va.gov/locations/jacksonville.asp">https://www.northflorida.va.gov/locations/jacksonville.asp</a> |                            |    |     |       |  |
| SERVICES | Comprehensive healthcare for veterans                                                                                               |                            |    |     |       |  |

|          |                                                                                     |       |    |     |       |
|----------|-------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME     | Office of Insurance Regulation                                                      |       |    |     |       |
| ADDRESS  | 955 Orange Ave., Suite E                                                            |       |    |     |       |
| CITY     | Daytona Beach                                                                       | STATE | FL | ZIP | 32114 |
| PHONE    | 386-254-3920                                                                        |       |    |     |       |
| WEBSITE  | <a href="https://www.flair.com/choices.aspx">https://www.flair.com/choices.aspx</a> |       |    |     |       |
| SERVICES | Find rate information for Medicare supplement and small group health                |       |    |     |       |

## Community Health Clinics

|         |                                                                                                                                                                                               |       |    |     |       |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|-------|
| NAME    | Mobile Health Outreach Ministry                                                                                                                                                               |       |    |     |       |
| CITY    | Jacksonville                                                                                                                                                                                  | STATE | FL | ZIP | 32210 |
| PHONE   | 904-308-7911                                                                                                                                                                                  |       |    |     |       |
| WEBSITE | <a href="https://www.jaxhealth.com/about-us/outreach-ministries/mobile-health-outreach-ministry/">https://www.jaxhealth.com/about-us/outreach-ministries/mobile-health-outreach-ministry/</a> |       |    |     |       |

|          |                                                                                                                                                               |                            |    |     |       |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Azalea Health                                                                                                                                                 |                            |    |     |       |  |
| ADDRESS  | 306 Union Ave.                                                                                                                                                |                            |    |     |       |  |
| CITY     | Crescent City                                                                                                                                                 | STATE                      | FL | ZIP | 32112 |  |
| PHONE    | 386-698-1232                                                                                                                                                  | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="http://azahealth.org/crescent-city/">http://azahealth.org/crescent-city/</a>                                                                         |                            |    |     |       |  |
| SERVICES | Accepts Medicare, Medicaid, and private insurance; sliding fee available for qualified patients. Hepatitis B and C testing and Hepatitis A and B vaccination. |                            |    |     |       |  |

|          |                                                                                                                                                               |                            |    |     |       |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Azalea Health                                                                                                                                                 |                            |    |     |       |  |
| ADDRESS  | 1213 Florida 20                                                                                                                                               |                            |    |     |       |  |
| CITY     | Interlachen                                                                                                                                                   | STATE                      | FL | ZIP | 32148 |  |
| PHONE    | 386-684-4914                                                                                                                                                  | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="http://azahealth.org/interlachen/">http://azahealth.org/interlachen/</a>                                                                             |                            |    |     |       |  |
| SERVICES | Accepts Medicare, Medicaid, and private insurance; sliding fee available for qualified patients. Hepatitis B and C testing and Hepatitis A and B vaccination. |                            |    |     |       |  |

|          |                                                                                                                                                               |                                                  |    |     |       |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----|-----|-------|--|
| NAME     | Azalea Health                                                                                                                                                 |                                                  |    |     |       |  |
| ADDRESS  | 1302 River St.                                                                                                                                                |                                                  |    |     |       |  |
| CITY     | Palatka                                                                                                                                                       | STATE                                            | FL | ZIP | 32177 |  |
| PHONE    | 386-328-8371                                                                                                                                                  | HOURS M-R, 8:00 AM—7:00 PM<br>F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | <a href="http://azahealth.org/palatka/">http://azahealth.org/palatka/</a>                                                                                     |                                                  |    |     |       |  |
| SERVICES | Accepts Medicare, Medicaid, and private insurance; sliding fee available for qualified patients. Hepatitis B and C testing and Hepatitis A and B vaccination. |                                                  |    |     |       |  |

|          |                                                                                                                                                               |                            |    |     |       |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|-----|-------|--|
| NAME     | Azalea Health                                                                                                                                                 |                            |    |     |       |  |
| ADDRESS  | 405 Elm St.                                                                                                                                                   |                            |    |     |       |  |
| CITY     | Welaka                                                                                                                                                        | STATE                      | FL | ZIP | 32193 |  |
| PHONE    | 386-467-3171                                                                                                                                                  | HOURS M-F, 8:00 AM—5:00 PM |    |     |       |  |
| WEBSITE  | http://azahealth.org/welaka/                                                                                                                                  |                            |    |     |       |  |
| SERVICES | Accepts Medicare, Medicaid, and private insurance; sliding fee available for qualified patients. Hepatitis B and C testing and Hepatitis A and B vaccination. |                            |    |     |       |  |