



# Polk HealthCare Plan

## Member Handbook

(863) 533-1111

[www.polkhealthcareplan.net](http://www.polkhealthcareplan.net)

*Updated January 2025*



**Polk HealthCare Plan and Community Health Care Administrative Offices**

2135 Marshall Edwards Drive, Bartow, FL 33830

**Customer Service (863) 533-1111**

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# Welcome to the Polk HealthCare Plan

## About the Plan

The Community Health Care section of Polk County's Health and Human Services Division manages and administers the Polk HealthCare Plan (PHP). PHP partners with medical providers and clinics in the community to offer healthcare services at little or no cost to members.

PHP is not insurance and cannot pay for services covered by insurance or other health plans. This includes Workers' Compensation cases, insurance through your employer, Victim of Crime Compensation, Medicare, Medicaid and motor vehicle accidents, etc.

PHP is made possible through a voter-approved indigent health care half-cent sales surtax (F.S. 212.0055 (7)).

## Notify Customer Service

To remain in compliance with your Contract for Care, you must report any of the following changes to Customer Service representatives or a case manager within 15 days of the change:

- Increase in income
- Change of name, phone and/or address
- Change in household size (including pregnancy)
- Changes to benefits received or other medical coverage

## Other Medical Coverage

If you have other medical coverage, Medicaid, Medicare, Medically Needy Share of Cost (MNSOC), disability or employer insurance, then you are no longer eligible for PHP. If you are or become covered under another healthcare plan, notify Customer Service immediately.

## Your PHP Membership Card and Pharmacy Identification Card

Every plan member will receive their own PHP Membership Card and Pharmacy Identification Card once enrolled. You will need to present your Membership Card and Pharmacy Identification Card any place you receive care or fill a prescription.

When you receive your cards, check to make sure the information is correct. If there is an error on either card, call the Customer Service number on the card. The cards can only be used by the person listed on the card. Do not let anyone else use your card. If you do, you will have to pay for their costs and will lose your eligibility for PHP.

## Polk HealthCare Plan Eligibility

Coverage begins on the first or 15th day of the month based on date of enrollment and will end on the last day of the month. Membership will renew each month for as long as you are eligible for services. Circumstances that warrant termination of coverage will be determined on a case-by-case basis.

## Benefits

As a PHP member, it is important for you to know what benefits and services are covered and that certain services require advance authorization from the plan. Our team is available to help you understand and use PHP to meet your healthcare needs.

## Getting Care through the Polk HealthCare Plan

PHP partners with local providers, clinics and hospitals in Polk County to form a network of care for its members. If you receive services from any provider, hospital, lab or pharmacy outside of the PHP network, or receive services without the required advance authorizations, e.g. primary care provider (PCP) changes or specialty care referrals, the plan will not pay the claims and you will be responsible for all costs.

### Out-of-County/Out-of-Network Care

Care received outside of Polk County or the PHP provider network is not covered by the plan.

### Canceling or Rescheduling Appointments

You are required to notify the provider at least 24 hours in advance of the scheduled appointment if you must cancel or reschedule an appointment.

Your provider may have a policy of charging for a canceled appointment without notifying them in advance. The plan will not pay the copay if you miss your appointment and the provider charges you. You will be responsible for any charges for the missed appointment.

If you miss three appointments within a 12-month period without notifying your PCP, you will lose your PHP coverage.

## Covered Benefits Overview

### Primary Care

A PCP is a healthcare professional who practices general medicine. A PCP can be a doctor, an advanced practice registered nurse (APRN) or a physician assistant (PA). Prior to enrollment completion, members choose or are assigned a PCP based on their preferences and needs.

## Getting Established with a Primary Care Provider

Once a PCP is selected and assigned, members should schedule an appointment to get established as a patient at their office. The first visit allows your PCP the opportunity to get to know your medical history and needs. Your PHP case manager can help you schedule your first appointment. Do not wait to be sick to make your first appointment.

Your PCP's office will be the place where you receive most of your medical care. Your PCP will be your go-to provider for the following:

- Annual physical exams and preventive screenings
- Sick visits or check-ups as needed
- Prescriptions
- Immunizations (shots)
- Referral to a specialist

## Changing Your Primary Care Provider

It is your responsibility to work with your PCP in maintaining your good health. If you feel a change is necessary, you can choose to be assigned to another PCP in the PHP provider network. Note: You are limited to two primary care provider changes in one plan year.

To change your PCP, contact PHP Customer Service at (863) 533-1111. If the PCP change is approved, PHP will send you a new Membership Card 10 to 15 days after we receive your request, indicating your new PCP. All requests must be received by the 25th day of the month in order for the change to become effective on the first day of the following month.

## **Specialty Care**

If you have a specific health issue, condition, injury or disease you may need to see a specialist. If necessary, your primary care provider will refer you to one for care. A referral is required when your PCP is referring you to a specialist or when a specialist is referring you to another specialist.

You must receive specialty care from a provider within the PHP network. If you receive care from a specialty care physician without a referral or authorization and/or who is out of the PHP provider network, you will be responsible for all costs associated with that care.

Specialty care visits are limited. Please verify with Customer Service or refer to the copay chart for limits on page 5.

## **Behavioral Healthcare**

If you have a mental health concern or substance use issue, behavioral healthcare providers can assist you. You do not need a referral from your PCP to see a mental health or substance abuse provider. The benefit covers a variety of services, including: evaluations, assessments, therapies (individual, family, group, etc.), counseling, psychiatric support and medication management.

## **Urgent Care**

If you are experiencing a non-life-threatening emergency (ex: broken bone, hives, etc.) or you cannot get an appointment with your PCP and need to see a medical professional, you should go to a participating urgent care center. Urgent care clinic locations are listed on your PHP Membership Card.

Contact your primary care provider within 72 hours after an urgent care visit for follow-up care.

## **Emergency Care**

PHP defines emergency care as treatment for potential life-threatening or limb-threatening complications, which means that you believe you could die or lose a limb, e.g. arm, hand, leg, etc. and that the treatment you need cannot be given in your PCP's office or an urgent care setting.

The plan provides coverage of eligible expenses for necessary emergency care up to \$1,500 per fiscal year (Oct. 1 through Sept. 30). PHP only covers emergency care with in-network providers in Polk County. Members are responsible for the cost of services provided by out-of-network providers and hospitals outside of Polk County. If your visit is not a threat to life or limb (if it is a cold, the flu, sore throat, medication refill, etc.), PHP will not pay for the cost of services.

**Note: Improper use of the emergency care benefit may result in termination of plan membership, as well as hospital bills you will be responsible for paying.**

## Fitness Membership (YMCA)

Plan members have access to a YMCA membership at two YMCA locations. Present your PHP Membership Card for YMCA membership enrollment. YMCA membership for PHP members includes access to the following services: wellness area, gymnasium, racquetball courts, group exercise, Coach Connect and pools.

### Locations:

#### Fontaine Gills Family YMCA

2125 Sleepy Hill Road  
Lakeland, FL 33810

#### Lakeland Family YMCA

3620 Cleveland Heights Blvd.  
Lakeland, FL 33803

## Plan Types and Coverage

The healthcare plan is divided into two primary types of coverage: **Essential Care Choice** (pages 5-6) and **Chronic Care Choice** (pages 7-8). Your plan type is identified on your Membership Card. If making a medical appointment with a provider other than your PCP, be sure your plan covers those services. If you are not sure if the service is covered, contact a Customer Service representative at (863) 533-1111 or refer to the charts on pages 5-8.

If you require services not covered by the plan, a Customer Service representative will help connect you with a community partner that can help.

## Essential Care Choice (Basic Coverage)

This Essential Care Choice plan provides basic coverage for all healthcare plan members and covers most conditions. PHP covers preventive health screenings and wellness programs.

Disease management options are available for the following chronic conditions: diabetes, congestive heart failure, coronary artery disease, asthma and chronic obstructive pulmonary disorder (COPD). For specific questions on disease management care, contact 1(888) 610-0089.

Essential Care Choice Service and Description	In-Network Polk HealthCare Plan Provider	Plan Year Benefit Limit(s) <i>Plan year: Oct. 1 thru Sept. 30</i>
<b>Preventive/Annual Screenings</b>	\$0 copay	1 visit/test per plan year for: Pap smear, colonoscopy, prostate exam, mammogram, routine annual exam
<b>Primary Care Physician Office Visits</b>	\$1 copay	No limit
<b>Urgent Medical Care</b>	\$1 copay	No limit
<b>Emergency Services/Emergency Room Services - Medical Emergency Only</b>	\$25 copay	\$1,500 annual cap per member; emergent condition required to demonstrate medical necessity
<b>Hospital Care - Inpatient</b>	\$0 copay	6 days per admission and up to 30 days per plan year
<b>Hospital Care - Outpatient</b>	\$0 copay	Limited to 24 hours

Behavioral Healthcare		
<b>Visits</b>	\$1 copay	Limits for visits vary based on services provided.

Labs and Imaging		Plan Year Benefit Limit(s) <i>Plan year: Oct. 1 thru Sept. 30</i>
<b>Bloodwork</b>	\$0 copay	No limit
<b>X-Rays</b>	\$3 copay	No limit
<b>CT Scans</b>	\$5 copay	4 scans
<b>MRI/MRA</b>	\$10 copay	3 MRIs/MRAs
<b>PET Scan</b>	\$20 copay	2 tests
<b>Ultrasound</b>	\$5 copay	6 ultrasounds
<b>Bone Density Test</b>	\$5 copay	1 test

**Note: Bloodwork is covered only if rendered by Labcorp.  
Imaging is covered only if rendered at contracted freestanding radiology groups.**



A referral form is required when your PCP is referring you to a specialist or when a specialist is referring you to another specialist. Only one referral from your PCP is required per plan year. Specialists may then refer members to other in-network specialists.

Specialty Care		
<b>Cardiology Services</b>	\$5 copay	Limit 20 visits combined
<b>Cardiothoracic Surgery</b>	\$5 copay	
<b>Dermatology Services</b>	\$5 copay	
<b>Ear, Nose &amp; Throat Services</b>	\$5 copay	
<b>Endocrinology Services</b>	\$5 copay	
<b>Gastroenterology Services</b>	\$5 copay	
<b>General Surgery</b>	\$5 copay	
<b>Gynecology Services</b>	\$5 copay	
<b>Nephrology Services</b>	\$5 copay	
<b>Neurology/Neurosurgery Services</b>	\$5 copay	
<b>Ophthalmology/Optometry/Retinal Services</b>	\$5 copay	
<b>Orthopedic Services</b>	\$5 copay	
<b>Pain Management</b>	\$10 copay	
<b>Plastic Surgery (Non-Cosmetic)</b>	\$5 copay	
<b>Podiatry Service</b>	\$5 copay	
<b>Pulmonology Services</b>	\$5 copay	
<b>Rheumatology Services</b>	\$5 copay	
<b>Urology Services</b>	\$5 copay	
<b>Vascular Surgery</b>	\$5 copay	
<b>Wound Care</b> (Hyperbaric oxygen treatment not covered for wound care)	\$5 copay	

The following services are available with a prescription and do not require a referral.

Specialty Care		
<b>Durable Medical Equipment (DME)</b>	\$0 copay	Limits based on items provided.
<b>Hearing Aids/Screening</b>	\$5 copay	Limits for visits based on services provided.
<b>Physical Therapy - Outpatient</b>	\$5 copay	Limit 36 visits combined
<b>Speech Therapy - Outpatient</b>	\$5 copay	
<b>Occupational Therapy - Outpatient</b>	\$5 copay	

## Chronic Care Choice (Chronic Coverage)

The Chronic Care Choice plan recognizes that some individuals who have certain chronic illnesses require additional coverage for services.

Disease management options are available for the following chronic conditions: diabetes, congestive heart failure, coronary artery disease, asthma and chronic obstructive pulmonary disorder (COPD). For specific questions on disease management care, contact 1(888) 610-0089.

Chronic Care Choice Service and Description	In-Network Polk HealthCare Plan Provider	Plan Year Benefit Limit(s) <i>Plan year: Oct. 1 thru Sept. 30</i>
<b>Preventive/Annual Screenings</b>	\$0 copay	1 visit/test per plan year for: Pap smear, colonoscopy, prostate exam, mammogram, routine annual exam
<b>Primary Care Physician Regular office visit/sick visit</b>	\$1 copay	No limit
<b>Urgent Medical Care</b>	\$1 copay	No limit
<b>Emergency Services/Emergency Room Services - Medical Emergency Only</b>	\$25 copay	\$1,500 annual cap per member; emergent condition required to demonstrate medical necessity
<b>Hospital Care - Inpatient</b>	\$0 copay	6 days per admission and up to 30 days per plan year
<b>Hospital Care - Outpatient</b>	\$0 copay	Limited to 24 hours

Behavioral Healthcare		
<b>Visits</b>	\$1 copay	Limits for visits vary based on services provided.

Labs and Imaging		Plan Year Benefit Limit(s) <i>Plan year: Oct. 1 thru Sept. 30</i>
<b>Bloodwork</b>	\$0 copay	No limit
<b>X-Rays</b>	\$3 copay	No limit
<b>CT Scans</b>	\$5 copay	4 scans
<b>MRI/MRA</b>	\$10 copay	3 MRIs/MRAs
<b>PET Scan</b>	\$20 copay	2 tests
<b>Ultrasound</b>	\$5 copay	6 ultrasounds
<b>Bone Density Test</b>	\$5 copay	1 test

**Note: Bloodwork is covered only if rendered by Labcorp.**

**Imaging is covered only if rendered at contracted freestanding radiology groups.**

A referral form is required when your PCP is referring you to a specialist or when a specialist is referring you to another specialist. Only one referral from your PCP is required per plan year. Specialists may then refer members to other in-network specialists.

Specialty Care		
<b>Cardiology Services</b>	\$3 copay	Limit 20 visits combined
<b>Cardiothoracic Surgery</b>	\$3 copay	
<b>Dermatology Services</b>	\$5 copay	
<b>Ear, Nose &amp; Throat Services</b>	\$5 copay	
<b>Endocrinology Services</b>	\$3 copay	
<b>Gastroenterology Services</b>	\$5 copay	
<b>General Surgery</b>	\$5 copay	
<b>Gynecology Services</b>	\$5 copay	
<b>Nephrology Services</b>	\$3 copay	
<b>Neurology/Neurosurgery Services</b>	\$5 copay	
<b>Ophthalmology/Optometry/Retinal Services</b>	\$3 copay	
<b>Orthopedic Services</b>	\$5 copay	
<b>Pain Management</b>	\$10 copay	
<b>Plastic Surgery (Non-Cosmetic)</b>	\$3 copay	
<b>Podiatry Service</b>	\$3 copay	
<b>Pulmonology Services</b>	\$3 copay	
<b>Rheumatology Services</b>	\$5 copay	
<b>Urology Services</b>	\$3 copay	
<b>Vascular Surgery</b>	\$3 copay	
<b>Wound Care</b> (Hyperbaric oxygen treatment not covered for wound care)	\$3 copay	

The following services are available with a prescription and do not require a referral.

Specialty Care		
<b>Durable Medical Equipment (DME)</b>	\$0 copay	Limits based on items provided.
<b>Hearing Aids/Screening</b>	\$3 copay	Limits for visits based on services provided.
<b>Physical Therapy - Outpatient</b>	\$3 copay	Limit 36 visits combined
<b>Speech Therapy - Outpatient</b>	\$3 copay	
<b>Occupational Therapy - Outpatient</b>	\$3 copay	

## Prescriptions

PHP only covers medications listed on the approved medication list/formulary. Over-the-counter medications are not covered.

### Filling Your Prescriptions

You can use most retail pharmacies in Polk County, but it is your responsibility to verify with the pharmacy before filling prescriptions. You can call the Customer Service number listed on the back of your Pharmacy Identification Card to help you identify a participating pharmacy in your area. PHP members do not pay copays for prescription medications.

**If you have questions or to obtain a copy of the approved medication list/formulary, visit [www.polkhealthcareplan.net](http://www.polkhealthcareplan.net) or call Customer Service at (863) 533-1111.**

### Extra Medication for Planned Out-of-County Travel

To assist with your medication regimen while you are away from home, an additional 15-day supply of your medication can be issued once per year.

### Emergency Refill in Polk County

A 10-day emergency supply of medication(s) can be filled by a retail pharmacy located in Polk County. This emergency option is intended to allow you to get your medication filled at a participating pharmacy and should only be used in cases of unplanned, emergency situations.

Essential Care Choice Plan Prescription Medications	Non-participating Pharmacy	Participating Pharmacy Provider*	Plan Year Benefit Limit(s) <i>Plan year: Oct. 1 thru Sept. 30</i>
<b>Generic Medications</b>	No Coverage	\$0 copay	Only medications listed on the approved medication list/formulary
<b>Brand-name Medications</b>	No Coverage	\$0 copay	Only medications listed on the approved medication list/formulary

Chronic Care Choice Plan Prescription Medications	Non-participating Pharmacy	Participating Pharmacy Provider*	Plan Year Benefit Limit(s) <i>Plan year: Oct. 1 thru Sept. 30</i>
<b>Generic Medications</b>	No Coverage	\$0 copay	Only medications listed on the approved medication list/formulary
<b>Brand-name Medications</b>	No Coverage	\$0 copay	Only medications listed on the approved medication list/formulary

**Note: Pharmacies should fill the generic of medications when available.**

**\*Copays waived after Oct. 1, 2024.**

# Questions or Concerns

If you have questions or concerns, you can call Customer Service at (863) 533-1111 between 8 a.m. and 5 p.m., Monday through Friday. If you would rather have someone speak for you, let us know. Another person can act for you with written consent.

## Filing a Claims Appeal

An appeal is a request to review an action taken by the plan or the medical provider.

### Who may file an appeal?

- A PHP member
- A person named by the PHP member to act as a representative of the member
- A provider or a provider acting for a member

You must give written permission to have someone else file an appeal for you. Contact us if you need help. We will assist you in filing an appeal.

### What must be included in the written request for an appeal?

- Appeal Date
- Member's Name
- Copy of invoice/bill from the provider
- Reason for appeal
- Specific date(s) of service

### How to submit an appeal

Call Customer Service at (863) 533-1111 between 8 a.m. and 5 p.m., Monday through Friday.

You may also come to our office, send us a fax: (863) 534-7519, or write us a letter:

Polk HealthCare Plan  
Member and Support Services / Claims Appeal  
2135 Marshall Edwards Drive  
Bartow, FL 33830

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# Notice of Privacy Practices

## YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of a list of your medical services	<ul style="list-style-type: none"><li>• We do not produce medical records and/or collect diagnoses. You can ask to see or get an electronic or paper copy of a list of your medical services that were funded by the indigent health care sales surtax.</li><li>• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li></ul>
Ask us to correct your list of medical services	<ul style="list-style-type: none"><li>• You can ask us to correct the list of medical services you think is incorrect or incomplete.</li><li>• We may deny your request, but we will let you know why in writing within 60 days.</li></ul>
Request confidential communications	<ul style="list-style-type: none"><li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li><li>• We will approve all reasonable requests.</li></ul>
Ask us to limit what we use or share	<ul style="list-style-type: none"><li>• You can ask us not to use or share certain health information for treatment, payment or our operations.</li><li>• We are not required to agree to your request. We may deny your request if it would affect your care or if a law requires us to share certain information.</li></ul>
Request a list of those with whom we have shared your information	<ul style="list-style-type: none"><li>• You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with and why.</li><li>• We will include all the disclosures except for those about treatment, payment and healthcare operations and certain other disclosures (such as any you ask us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another within 12 months.</li></ul>
Request a copy of this privacy notice	<ul style="list-style-type: none"><li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li></ul>
Choose someone to act for you	<ul style="list-style-type: none"><li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li><li>• We will make sure the person has this authority and can act for you before we take any action.</li></ul>
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"><li>• You can file a complaint if you feel we have violated your rights by contacting us using the information in this handbook.</li><li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775 or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a></li><li>• We will not retaliate against you for filing a complaint.</li></ul>

## YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference — for example, if you are unconscious — we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## OUR USES and DISCLOSURES

**How do we typically use or share your health information?** We typically use or share your health information in the following ways:

To treat you

Your health information may be accessed within the shared data information system by other professionals using the system who are treating you.

**Example:** A doctor treating you for an injury accesses the shared data information system to learn more about health services you received by other contracted providers who use the system.

For administrative purposes

We can use and share your health information in our administration and operations, to improve your care or contact you when necessary.

**Example:** Contracted providers using the shared data information system may use health information about you to manage your treatment and services.

To reimburse for your services

We can use and share your health information to reimburse contracted providers for services rendered to you by the provider.

**Example:** We use health information your providers send us so we may properly reimburse the providers for their services.



**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<p>Help with public health and safety issues</p>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul>
<p>Comply with the law</p>	<p>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</p>
<p>Respond to organ and tissue donation requests</p>	<p>We can share health information about you with organ procurement organizations.</p>
<p>Work with a medical examiner or funeral director</p>	<p>We can share health information with a coroner, medical examiner or funeral director in the event of death.</p>
<p>Address workers’ compensation, law enforcement, and other government requests</p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers’ compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security and presidential protective services</li> </ul>

# Additional Resources

If you are seeking a service or resource that is not available through PHP, there are other healthcare services available in addition to community partners that may meet your needs. Contact Customer Service at (863) 533-1111 for help getting connected.

## Dental

You may be able to obtain free or low-cost dental services from one of the following community partners:

- Central Florida Health Care: (863) 291-5110
- Florida Department of Health Polk County: (863) 519-7910
- Lakeland Volunteers in Medicine: (863) 688-5846
- Traviss Career Center: (863) 499-2700

## Transportation Assistance

We Care of Central Florida's Project Ride to Health program assists Polk residents with free rides for healthcare-related purposes. Contact We Care of Central Florida at (863) 999-3669.

## Nutrition and Healthy Living Resources

The UF IFAS/Extension Services in Polk Family and Consumer Sciences program offers nutrition and healthy living information, resources and classes. For scheduled classes on topics like ways to manage diabetes, eat healthy on a budget and make a spending plan to save money, you can contact Family and Consumer Sciences at (863) 519-1072.

## Housing and Shelter

United Way's 211 will connect you with social services information in Polk County, including shelter and housing options. Dial 2-1-1 to get connected. You can also text your zip code to 898-211.

## Food Resources



Scan the QR code using a smart phone to view United Way of Central Florida's schedule of food distribution sites throughout Polk County.

You can also visit: [uwcf.org/initiatives/endlunger/schedule/](https://uwcf.org/initiatives/endlunger/schedule/)



