

**HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS
HEALTH AND SOCIAL SERVICES DEPARTMENT**

“3 STRIKES” POLICY FORM

CASE NUMBER:
PERSON NAME:

It is the policy of the Hillsborough County Commissioners to implement innovative cost effective programs as part of the Hillsborough County HealthCare Plan as authorized by F.S. 212.055(4). Therefore, no person may receive health care services under the Hillsborough County HealthCare Plan if they are convicted on different days of three (3) separate felony offenses which occurred in Hillsborough County after April 6, 2005.

I hereby acknowledge receiving this notification and understand I will be notified in writing of recorded felony convictions in Hillsborough County and upon reaching (3) three separate incidences of felony convictions in Hillsborough County after April 6, 2005, my benefits will be terminated. I further understand I will be allowed to challenge the recording of strikes and termination of benefits by following established challenge procedures.

I will notify the Department of any address changes before the change occurs or immediately thereafter.

Member / Applicant Signature

Date

WORKER:

PHONE NUMBER:

ADDRESS:

FAX NUMBER:
FACILITY: