

Request for Information

To: \_\_\_\_\_ County Case No. \_\_\_\_\_
Address: \_\_\_\_\_ District No. \_\_\_\_\_
Worker's Name \_\_\_\_\_
Date: \_\_\_\_\_ Telephone Number \_\_\_\_\_

We need additional information to process your Medicaid/Special Assistance application/re-enrollment. Provide this information by \_\_\_\_\_ to ensure that your application/re-enrollment is processed promptly. If you need more time, contact us.

If you cannot get the items checked below, there are other items we can use. Continue reading for other items we can accept. We were unable to verify your information electronically.

- Your income exceeds the maximum income limit for Medicaid. Based on gross monthly income amount of \$ \_\_\_\_\_ from \_\_\_\_\_, you will be required to meet a deductible. If this income amount is incorrect, you may contact your Medicaid caseworker. The amount of your deductible for the months of \_\_\_\_\_ through \_\_\_\_\_ is \$ \_\_\_\_\_.
Provide medical bills from \_\_\_\_\_ to present including any old paid or unpaid medical bills and anticipated medical expenses to meet the deductible amount listed above.
Medical verification of pregnancy \_\_\_\_\_
Verification from physician confirming the number of children expected.
FL-2 completed by doctor \_\_\_\_\_
Proof of income for \_\_\_\_\_ for the month(s) of \_\_\_\_\_
Proof of self-employment income and expenses from \_\_\_\_\_ or income tax return for the year \_\_\_\_\_
Bank account numbers or statement(s) showing balance for the months of \_\_\_\_\_
Bank Consent form/Release of Information forms signed by \_\_\_\_\_
Life insurance policies or the name of the insurance companies and policy numbers for \_\_\_\_\_
Proof of beneficiary of the annuity \_\_\_\_\_
Proof that North Carolina Medicaid Program is named as a Remainder Beneficiary for an annuity \_\_\_\_\_
Name and contact information for issuer of an annuity \_\_\_\_\_
Social Security Number for \_\_\_\_\_
Documentation of alien status for \_\_\_\_\_
Apply for Unemployment Benefits for \_\_\_\_\_
Apply for Social Security Disability for \_\_\_\_\_
DMA-5028, Consent for Release of Information, signed by \_\_\_\_\_
Health Insurance card or the name of the company and policy number \_\_\_\_\_
Proof of Citizenship and Identity for \_\_\_\_\_
Proof of State Residence for \_\_\_\_\_ (Please note: You may need to provide up to two forms of verification for Proof of State Residency.)
Proof of homesite equity \_\_\_\_\_
Documentation to rebut a transfer of assets sanction or to prove a transfer of assets sanction will cause an undue hardship or both. (See attachment) \_\_\_\_\_
Other \_\_\_\_\_

Do you need help or more time to get the information to complete your application/re-enrollment?

- 1. Call your Medicaid caseworker \_\_\_\_\_ at \_\_\_\_\_ OR
2. Sign and return the bottom portion of this form to DSS.

- I need help getting the information to complete my application / re-enrollment.
I need more time to get the information.

I know that the information on this application is needed to determine eligibility for help paying for health coverage and/or Medicaid/NCHC and will be checked against electronic databases, Internal Revenue Service (IRS), Social Security, Department of Homeland Security, consumer reporting agencies, financial institutions, and/or other government agencies.

Applicant's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_
Address \_\_\_\_\_

## OTHER ITEMS WE CAN ACCEPT TO PROCESS YOUR MEDICAID APPLICATION/RE-ENROLLMENT

If you are unable to get the items checked or the items described below, please contact your caseworker immediately. Your caseworker will help you.

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### **MEDICAL BILLS**

If you do not have all of your medical bills, you can provide:

1. Receipts from medical providers.
2. Statements from medical providers.
3. Cancelled checks to medical providers.
4. Names, addresses, phone numbers of medical providers.
5. Private health insurance receipts, premium books, name of agent.
6. "Explanation of Benefits" letters (EOB) from Medicare and/or private health insurance.
7. To show proof of over-the-counter drugs, provide a dated receipt and box top showing the name and price of the item purchased.
8. To show proof of medical transportation costs, provide a receipt or statement from the person if someone else took you to the doctor, drug store, or other medical facility.

### **WAGES**

If you don't have wage stubs provide one of the following:

1. A statement or form completed by your employer.
2. Personal business records for self-employment.

### **PROOF OF OTHER INCOME**

Such as Veteran's benefits, Railroad Retirement, other retirement income, rental income, farm income

1. Copy of check.
2. Award letter or other document from the source of income.
3. A statement from the source of the income or from person in charge of dispensing income(trust funds, etc).
4. Records of payment received from roomers/boarders.
5. Records from the person paying you room/board.
6. Tax records.
7. Records of farm income.
8. Landlord's records of rental income.
9. Records of self-employment or rental income.
10. A signed statement from your bank, real estate agent, or person renting from you stating how much money you get.

### **PROOF OF CHILD CARE OR ADULT CARE**

If you are applying for certain Family and Children's Medicaid programs there is a \$200 per month limit for child care for a child under age two and \$175 per month limit for care for a child age two or older and for an adult. You can provide:

1. Statement or receipt from person or the facility providing care. Statement or form indicating whether you are charged a flat fee or an hourly rate.
2. Your record of payment made for child or adult who is your dependent.

### **PROOF OF OPERATIONAL EXPENSES**

If you don't have receipts to prove expenses for rental property or self-employment, provide one of the following:

1. Personal records of expenses such as ledger sheets, check stubs, or tax records.
2. Associations, ASCS Office, and purchase of farm products.
3. Written statements from people who sell you supplies.
4. Written statements from people who provide you with services so that you can earn money.
5. Written statement from real estate agent.

### **HEALTH INSURANCE**

If you don't have your health insurance card, you may provide the name of the insurance company and the policy number.