

Acceptable documentation for Medical Assistance Applications

| Verification Item | Acceptable Verification Documents |
|---|--|
| <u>Name (Identity)</u> | All programs: <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> MA ID <input type="checkbox"/> School ID |
| <u>U.S. Citizenship/National Status</u> | First-Level Documents: <input type="checkbox"/> A U.S. passport; or <input type="checkbox"/> A Certificate of Naturalization <input type="checkbox"/> A Certificate of U.S. Citizenship <input type="checkbox"/> Birth Certificate Second-Level Documents: <input type="checkbox"/> A U.S. public record of birth <input type="checkbox"/> A Report of Birth Abroad of a U.S. Citizen <input type="checkbox"/> A U.S. Citizen ID card (INS Form I-197 or I-179) <input type="checkbox"/> An American Indian Card <input type="checkbox"/> Final adoption decree showing the child's name and U.S. place of birth <input type="checkbox"/> Other documents created at least 5 years before the initial application for Mass Health: <input type="checkbox"/> Written affidavit* |
| <u>Immigration Status</u> | <input type="checkbox"/> Alien Registration Card (Green Card - form I-151 or I-551) <input type="checkbox"/> Employment Authorization Card (I-327B) <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Re-entry Permit (I-327) <input type="checkbox"/> Visas <input type="checkbox"/> Document from INS (DTA identifies I-485, I-589, I-688, I-766, I-94 in addition to I-151, 551, or 327) <input type="checkbox"/> Letter from INS <input type="checkbox"/> Certification from Office of Civil Rights (OCR) that applicant is a victim of trafficking <input type="checkbox"/> Affidavit of an attorney <input type="checkbox"/> Order from an immigration judge |
| <u>Wage Income</u> | <input type="checkbox"/> Recent Pay Stubs: 2 (weekly) - 1 (bi-weekly) |
| <u>Income - Other</u> | <input type="checkbox"/> All Types: Most recent Federal 1040 Tax Return Form with any attachments - not accepted by DTA <input type="checkbox"/> Child Support or Alimony: DOR <input type="checkbox"/> Letter of support (see "letter from employer" for information required) <input type="checkbox"/> Letter from Employer (includes your name, date of hire, how much you are paid and how often, employer contact information): <input type="checkbox"/> Pension or Annuities: Photocopy of award letter or check stubs. <input type="checkbox"/> Public Assistance: EAEDC, RRP or <input type="checkbox"/> Rental income: tax bill, owner's insurance, water, and sewerage bills. . <input type="checkbox"/> Unemployment Compensation: <input type="checkbox"/> Veteran Benefits: <input type="checkbox"/> Worker's compensation: <input type="checkbox"/> Public Assistance: EAEDC, RRP or TAFDC - copy of award letter <input type="checkbox"/> For PERSONS AGED 65 or older: Copy of lease agreement, canceled check, or statement from tenant showing amount of rent paid, mortgage statement showing principal and interest |
| <u>Self Employment Income</u> | <input type="checkbox"/> Signed copy of most recent Federal 1040 Tax <input type="checkbox"/> A letter from your employer stating when you started working for them, how many hrs. you typically work and are paid each pay period (indicate if the pay period weekly, bi-weekly or monthly. Your employer must Provide their name, business address and phone number. |
| <u>Assets (Over 65 years old only)</u> | <input type="checkbox"/> Bank Statement(s) <input type="checkbox"/> Stocks, Bonds, Mutual Funds, Etc. <input type="checkbox"/> Property Value <input type="checkbox"/> IRA's & Keough's <input type="checkbox"/> Trust Funds <input type="checkbox"/> Life Insurance(s) |
| <u>Health Insurance</u> | <input type="checkbox"/> Copies of both sides of all health insurance cards <input type="checkbox"/> For Housing only, copy of health insurance bill and cancelled checks |
| <u>HIV Positive Status</u> | <input type="checkbox"/> Letter from a doctor, qualifying health clinic lab, or AIDS service provider or organization, indicating applicant's name and HIV positive status |
| <u>Disability</u> | <input type="checkbox"/> Certificate of legal blindness by the Massachusetts Commission for the Blind <input type="checkbox"/> Determination of disability by Mass Health's or DTA's Disability Determination Unit <input type="checkbox"/> Doctor's note (with diagnosis) - not accepted by Mass Health |