



MEDICAID AFFORDABLE HEALTH CARE COVERAGE VERIFICATION CHECKLIST

The following list includes documents that you may need for benefit approval. The Department of Human Services will verify your information with data sources as much as possible. If more verification is needed, you will be sent a request for documentation. Please note: the same document may be used to verify more than one category, for example, a driver's license can verify identity and address.

1. TO VERIFY YOUR IDENTITY AND CITIZENSHIP AND/OR IMMIGRATION STATUS

One of the following:

- | | |
|--|---|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Birth certificate |
| <input type="checkbox"/> School or work identification | <input type="checkbox"/> U.S. Passport |
| <input type="checkbox"/> Immigration and Naturalization documents (e.g., Green Card) | <input type="checkbox"/> Any other documentation requested for citizenship, immigration status, or age may be used for verification of identity |
| <input type="checkbox"/> Medical insurance identification | |

2. TO VERIFY YOUR RHODE ISLAND RESIDENCE

One of the following:

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|--|--|
| <input type="checkbox"/> Rent or mortgage receipts showing address | <input type="checkbox"/> Lease agreement or letter from landlord |
| <input type="checkbox"/> Library card showing address | <input type="checkbox"/> Mail received with your home address (utility bills, bank statements) |
| <input type="checkbox"/> Voter's registration card | |

3. TO VERIFY YOUR AGE

One of the following:

- | | |
|---|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Adoption Records |
| <input type="checkbox"/> Baptismal certificate | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Adoption records | <input type="checkbox"/> Marriage license |
| <input type="checkbox"/> Hospital birth records | <input type="checkbox"/> Driver's license |
| <input type="checkbox"/> School records | <input type="checkbox"/> Military service papers |
| <input type="checkbox"/> Retirement, Survivors, and Disability Insurance (RSDI) award letter if birth date of child is included | <input type="checkbox"/> Physician's records |

4. TO VERIFY YOUR INCOME

All that apply:

- | | |
|--|--|
| <input type="checkbox"/> Check stubs (showing the last 30 days of income) | <input type="checkbox"/> Proof of alimony received |
| <input type="checkbox"/> Employer statement showing income before taxes, hourly work schedule and the number of hours worked for the past four weeks (if you get paid in cash or you do not have your check stubs) | <input type="checkbox"/> Proof of receipt of unemployment insurance benefits, temporary disability benefits (TDI), Veteran's Administration (VA) benefits. |
| <input type="checkbox"/> Social Security, Supplemental Security Income, or Veteran's Benefits award letter | <input type="checkbox"/> Proof of self-employment income (includes rental income and freelance work): provide tax returns or self-employment ledger |
| <input type="checkbox"/> Other retirement or disability benefit award letters | <input type="checkbox"/> Child Support court order |

5. TO VERIFY YOUR AMERICAN INDIAN STATUS

One of the following:

- Tribal record/documentation
- Statement from Indian Health Services
- Documentation from Bureau of Indian Affairs

6. TO VERIFY RELATIONSHIPS AMONG HOUSEHOLD MEMBERS

One of the following:

- Adoption papers or records
- Hospital or public health records of birth or parentage
- Child support paternity records
- Marriage license/tribal marriage certificates
- Divorce/custody papers
- Guardianship papers or records