Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Client Services must recertify your eligibility for benefits every year to be compliant with Federal Regulations. Please complete the information requested on the enclosed annual recertification form, sign, date, and return the form with supporting documents to ensure no interruption in your Client Service benefits. If you do not provide all of the required documentation by the end of your current eligibility period, you will be responsible for the cost of your medications and any unpaid insurance premium costs incurred.

You may return the form and documents by email: client.services@maryland.gov, fax, mail, or by walking it into the Client Services office.

For income and residency verification, you must submit documentation as directed below. See the Appendix for additional document options should the ones listed not work for you:

For residency verification or address change you may submit one of the following:

- Bill dated within the past 60 days with current address
- Postmarked envelope with your name and address dated within the past 60 days
- Current lease/mortgage statement
- A-2 No Income and/or Unhoused Verification Form - VONI

For income verification or income change you may submit one of the following:

- A month of current pay stubs for a client and spouse if applicable dated within the past 60 days
- Current Social Security award letter/pension/other award letters
- Unemployment notice with the current balance of remaining money or a letter of support/VA-2 No Income and/or Unhoused Verification Form - VONI
- Write Zero if no income and submit a Verification of No Income form (**Not required for your spouse)**

For insurance coverage or change to your insurance coverage, submit:

- A copy of the front and back of your insurance and prescription card

If you have any questions, please call us at (410) 767-6535.
Please sign, date, and mail, fax, or email this notice with supporting documentation to:

MDH Unit #72, Client Services
1223 W. Pratt Street
Baltimore, MD 21223
Client.services@maryland.gov

Annual Recertification Form

Client Services requires you to recertify your eligibility every year. The annual eligibility recertification occurs by the end of the 12th month of your enrollment period. The annual recertification form is due by the end of the 11th month of eligibility and will be sent to you prior to the end of the 11th month of your enrollment.

- You must renew eligibility by submitting a completed, signed annual recertification form along with required supporting documentation for residency and income.
- If you were enrolled in Client Services in the past and have an enrollment application on file, you can re- enroll by completing this form for eligibility determination.
- **Items with an asterisk mark (*) must be filled in for this form to be considered completed. Incomplete forms will delay the processing of your application.**

You must inform Client Services of any changes to your health and prescription insurance coverage at the time of the change.

*** Do you have insurance coverage?** ☐ **Yes** (*attach copy of card(s)*) ☐ **No** (call for assistance)

Insurance Carrier Name: _____

*** Do you need insurance premium help?** ☐ **Yes** (Please provide a copy of your bill) ☐ **No**

***First Name:**	**MI:**	*** Last Name:**	**Suffix:**

*** Has your name changed?** ☐ **Yes** ☐ **No** If yes, previous name: _____

*** Date of Birth**:	**Client ID**:	**Client Eligibility Period**:

*** Your Social Security #:** _____ -OR- **ITIN#**: _____

-OR-

Work authorization/Work Permit # *(attach copy of card)*: _____

*** Marital Status:** ☐ **Single** ☐ **Married** ☐ **Separated** ☐ **Divorced** ☐ **Widowed**

(If married, please complete spouse information below. If separated, spouse information is not needed)

*** Spouse Name:** _____

*** Spouse Social Security #:** _____ *** Spouse Date of Birth:** _____

*** Citizenship/ Immigration Status**: ☐ U.S. Citizen ☐ Not a citizen or permanent resident of the U.S.
☐ Green Card *(attach copy of card)* ☐ Asylee *(attach documentation)*

*** Race:** ☐ Black or African American ☐ White ☐ American Indian/Alaskan Native
☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Other: _____ ☐ None of these apply

*** Ethnicity:** ☐ Non-Hispanic ☐ Hispanic/Latino(a) ☐ None of these apply

Complete this section below with your current information (*with proof attached*):

***Your current Maryland Address**

Address:	Apt/Unit #:	
City:	State:	Zip Code:

Your mailing address *(if different from above)*

Address:	Apt/Unit #:	
City:	State:	Zip Code:

*** Best way to contact you?** ☐ **Phone Call** ☐ **Email**

*** Primary Phone #**: _____ *** May we leave a message?** ☐ **Yes** ☐ **No**

*** Your Gross Household Income**		
Your Income: $ _____		
Spouse: $ _____		
Dependent(s): $ _____		
Total: $ _____		
Household Size: ___ [# of dependents under the age of 19: ____]		
Case Management:		
Case Manager Name: _____	**Case Manager Phone #**: (_____)_____	**Case Manager Agency**: _____

Alternate Contacts:

I authorize Client Services to speak with the following person(s) about my application and/or services (e.g.: family member):

Name	**Relationship**	**Phone number**	**Email address**
_____	_____	_____	_____
_____	_____	_____	_____

Release & Exchange of Information:

- I understand that, for the purposes of determining my eligibility for services, the Maryland Department of Health (MDH) may request further documentation.
- I authorize my physician, case manager/social worker, and health care provider(s) to exchange information with MDH to document my diagnosis/need for services.
- I authorize MDH to exchange information with my physician, case manager/social worker, health care provider(s), insurance carrier(s) and/or pharmacy provider(s) to facilitate provision of services provided by MDH Client Services as needed.
- I understand that I am required to attest to continuing eligibility upon request by MDH and provide supporting documentation within the specified timeframe given. I understand that my non-compliance to verify my continued eligibility may result in suspension or termination of services.
- I agree to notify MDH at the address on this form within 10 days if my address, income or other information affecting my eligibility for services changes (COMAR 10.18.05.04A).
- I authorize MDH to contact me via phone, email, or mail to exchange information related to my case. If a phone call is made, I will let MDH know if they are approved to leave a voice message and/or speak with an alternate contact on my behalf.

HIPAA Privacy Rule/Confidentiality/Acknowledgement of MDH Privacy Policy

- MDH complies with the Health Insurance Portability and Accountability Act (HIPAA) privacy rule [45 CFR § 160.102]. Client-level data related to my enrollment will be reported only as required by law.
- I have the right to confidentiality of all information and records compiled, obtained, and maintained in the course of applying for and/or receiving services.
- Email addresses will not be sold to any third-party vendors.
- My signature on this document acknowledges receipt of MDH Privacy Practices and MDH Non-Discrimination Policy.

Consumer's rights:

- If my application is denied, I have the right to request a reconsideration (COMAR 10.18.05.05A). If I am dissatisfied with the reconsideration, I may request an appeal hearing (COMAR 10.18.05.05C).
- This release shall remain valid until I inform Client Services, in writing, of my wish to terminate services or until I no longer qualify for these services, whichever occurs first.

I certify that the information I have given on this application is complete and accurate, to the best of my knowledge. I agree to provide documentation upon request as required by MDH. I agree to the Release and Exchange of Information and acknowledge receipt of MDH Privacy Practices and Consumer Rights policies.

*** Client Signature: _____ *Date: _____/_____/_____**

*** Spouse/Legal Guardian Signature: _____ *Date: _____/_____/_____**

Appendix

Appendix A:

Acceptable Residency Documentation

- Please provide one form of acceptable proof of residency from the list below. Documentation must be current (e.g. current lease, recent utility bill, etc.). Acceptable proof of residency may include, but is not limited to, the following:
    - Current notice of decision from Medicaid
    - Valid Maryland driver's license or Maryland Identification Card dated within the last 12 months
    - Voter registration card dated within the last 12 months
    - Current signed and dated lease (within 12 months) or mortgage agreement
    - Rent receipt, dated within the last 60 days
    - Current utility bill, dated within the last 60 days
    - Letter from a government agency, signed and dated within the last 60 days and mailed to the client's home
    - Letter from a case manager on agency letterhead, signed and dated within the last 60 days and mailed to the client's home

➢ Unhoused applicants may provide a letter stating that they do not have a home. The letter must be written on agency letterhead and be signed and dated within the last 60 days. A-2 Verification of No Income Form may be submitted. The following individuals may verify that the client is unhoused with the A-2 form or letter:

- Case manager
- Housing manager
- Any staff member employed by an agency who receives Ryan White support
- Supporting relative or friend

Appendix B:

Acceptable Income Documentation

- Income includes any income earned through employment, disability, public benefits, etc. Forms of income include, but are not limited to, the following:
    - Employment income
    - Retirement income
    - Unemployment benefits
    - Social Security Disability Insurance (SSDI)
    - Income for dependents
    - Alimony payments
    - Private disability
    - Rental property income
    - Interest income or other investment income
    - Cash support from family and friends

- Income information should be collected for the client and individuals over the age of 18 who share financial responsibility. All income must be current, signed, and dated (e.g. current year award letter, recent pay stubs, etc.). Acceptable proof of income may include, but is not limited to, the following:
    - One month of consecutive pay stubs
    - Tax forms (W-2 form or 1099)
    - Letter on letterhead from employer stating hourly wage and hours worked per week
    - Pension benefits letter
    - Retirement benefits check or letter
    - Unemployment income check or letter
    - Disability benefits check or letter
    - Social Security check or award letter
    - Bank direct deposit indicating payment from Social Security
    - Alimony Agreement Letter
    - If receiving support from family and friends, signed statement documenting who provides monetary support, and the frequency of the support
    - If no income, the A-2 Verification of no Income form may be submitted