



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Date

Name

Address

City State Zip

Dear

MADAP must recertify your eligibility for benefits every year to be compliant with Federal Regulations. Please verify the information requested on the enclosed annual recertification form either by email: client.services@maryland.gov, fax, or mail.

You must complete, sign, and return the enclosed annual recertification form by _____ to ensure no interruption in your MADAP benefits.

You must submit one of the following documents along with your form for income and residency verification (See Appendix for additional options):

- **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
- **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
 - Current Social Security award letter/pension/other award letters
 - Unemployment notice with the current balance of remaining money or a letter of support/Verification of No Income form
 - Write Zero if no income and submit a Verification of No Income form
- **For insurance coverage or change to your insurance coverage, submit:**
 - A copy of the front and back of your insurance 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:

Maryland Department of Health

1223 W. Pratt Street

Baltimore, MD 21223

client.services@maryland.gov

Sincerely,

Center Chief, Client Services

Enclosures: Annual Recertification Form

MDH, Client Services

Toll Free: 1-800-205-6308 – Fax: 410-333-2608 – Maryland Relay Service: 1-800-735-2258

Email: Client.services@maryland.gov

Annual Recertification Form

Federal requirements mandate that MADAP recertify your eligibility every year. The annual eligibility recertification occurs by the end of the 12th month of your MADAP enrollment.

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 verify eligibility by submitting a completed, signed annual recertification form along with required supporting documentation for residency, income, and household size.
- > If you were enrolled in MADAP in the past and have an enrollment application on file with MADAP you can re-enroll in MADAP by completing this form for eligibility determination.

****You must inform MADAP of any changes to your health and prescription insurance coverage at the time of the change****

Do you have insurance? ___ Yes ___ No

First Name: _____ **MI:** ___ **Last Name:** _____ **Suffix:** _____

Check if your name has changed. If so, previous name: _____ **Date of Birth:** _____

MADAP Number: _____ **MADAP Plus:** ___ Yes ___ No **MADAP Eligibility Period:** _____

United States Citizenship Status:

- U.S. Citizen Asylee (attach proof) U.S. Lawful permanent resident (attach copy of card)
- Not a citizen or permanent resident of the U.S.

Information Generated from MADAP's Client Services System	If your information has changed, fill in the correct information below and attach proof of change(s) with this form.
<p>Your current Maryland Address:</p> <p>_____</p> <p>City: _____ State: ___ Zip code: _____</p> <p>Phone number: (_____) _____ - _____</p>	<p>_____</p> <p>City: _____ State: ___ Zip code: _____</p> <p>Phone number: (_____) _____ - _____</p>
<p>Your mailing address: <i>(if different from above)</i></p> <p>_____</p> <p>City: _____ State: ___ Zip code: _____</p>	<p>_____</p> <p>City: _____ State: ___ Zip code: _____</p>
<p>Your Gross Household Income:</p> <p>Client: \$ _____</p> <p>Spouse: \$ _____</p> <p>Minor Child: \$ _____</p> <p>Total: \$ _____</p> <p>Household Size: ____ [# of children under 19: ____]</p>	<p>Client: \$ _____</p> <p>Spouse: \$ _____</p> <p>Minor Child: \$ _____</p> <p>Total: \$ _____</p> <p>Household Size: ____ [# of children under 19: ____]</p>
<p>Spouse's name and SSN:</p> <p>Name: _____</p> <p>Social Security Number: _____</p>	<p>New Spouse? ___ Yes ___ No</p> <p>Name: _____</p> <p>Social Security Number: _____</p>

I, _____ certify that the information which I have provided is true, complete and accurate to the best of my knowledge. If this is my annual eligibility verification, I acknowledge receipt of MDH Privacy Practices.

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

Spouse/Legal Guardian signature: _____ **Date:** ___/___/___

Appendix

Appendix A:

Acceptable Residency Documentation

- Residency documentation must include the client's name and current address. 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
- Homeless clients may provide a letter stating that they are homeless. The letter must be written on agency letterhead and be signed and dated within the last 60 days. MADAP's A-2 Verification of No Income Form may be submitted. The following individuals may verify that the client is homeless:
 - Case manager
 - Housing manager
 - Any staff member employed by an agency who receives Ryan White support

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
 - Supplemental Security Income (SSI)
 - 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