

Acceptable Documents for Children’s Medical Services (CMS) Application Processing

Maryland Children’s Medical Services Program applicants must submit documents in each of the following categories. All documents must be submitted **with your application** when applying for CMS coverage.

- **Notarized letters must be mailed to:** Maryland Department of Health, CMS Program, 201 W. Preston Street, Room 423-A, Baltimore, MD 21201. *(if requested by the CMS Program)*
- All submitted documents will be retained by CMS, not returned to sender/applicant.

Category	Instructions	Options
Proof of Identity	Submit one (1) of the following for each parent/legal guardian and the applicant	<ul style="list-style-type: none"> ● Copy of a valid Maryland identification card or Driver’s License ● Copy of a valid CASA de Maryland identification card ● Copy of a valid passport or identification card from country of origin ● Copy of a birth certificate (<u>only accepted for the applicant</u>)
Proof of Maryland Residency	Submit one (1) of the following for each parent/legal guardian that lives at the same address as the applicant	<ul style="list-style-type: none"> ● Copy of a valid Maryland Identification card or Driver’s License with current address or change of address card attached ● Copy of a valid CASA de Maryland Identification card ● Copy of a current rental agreement/lease or mortgage statement ● Copy of a utility bill (water, electricity, gas, cable or internet). <u>Must be dated within 60 days of the application submission.</u> ● Copy of a bank statement. <u>Must be dated within 30 days of the application submission.</u> ● A signed and dated letter from the property owner or lessee (person leasing the property) indicating you are residing at the address, accompanied by proof of address of the property owner / lessee. <u>Must be dated within 30 days of application submission;</u> AND <ul style="list-style-type: none"> ○ Must Complete <u>CMS Affidavit of Residency in MD</u>
Proof of School Attendance	Applicants 5 to 18 years old must be enrolled / attending school. Submit one (1) of the following if applicable	<ul style="list-style-type: none"> ● Copy of the most recent report card for the current school year; ● A signed and dated letter from the school or registrar’s office, on school/district letterhead, indicating the applicant is enrolled in and attending school for the current school year. <u>Must be dated within 30 days of the application submission.</u>
Proof of Earned Income from Employment	Submit one (1) of the following for each parent/legal guardian that lives at the same address as the applicant	<ul style="list-style-type: none"> ● Copy of Paystubs showing income for one month. <u>Must be dated within 30 days of application submission.</u> <ul style="list-style-type: none"> ○ If you are paid every week, submit four consecutive paystubs. ○ If you are paid bi-weekly, submit two consecutive paystubs. ● If you do not receive paystubs, or are paid in cash, you must: <ul style="list-style-type: none"> ○ Submit a signed and dated letter, on company letterhead, from your employer indicating you are employed and your amount and frequency of pay. <u>Must be dated within 30 days of application submission.</u> <ul style="list-style-type: none"> ★ If the employer letter is not on company letterhead, it must be notarized <li style="text-align: center;">OR ○ Submit a CMS Affidavit of Employment & Income ● If you do not have any income, or receive in-kind support, you must: <ul style="list-style-type: none"> ○ Submit a CMS Affidavit of No Income and, if applicable, ○ Submit a CMS Affidavit of In-Kind Support* <ul style="list-style-type: none"> ★ Reports of in-kind support must indicate an estimated dollar amount of the support and the frequency of the support.

<p>Proof of Unearned Income / Other Income</p>	<p>Submit copies of all applicable award (Benefit) letters</p>	<ul style="list-style-type: none"> ● Child Support payments ● Temporary Cash Assistance (TCA) ● Life insurance payments/trusts ● Unemployment Insurance ● Retirement/Pension funds ● Workman’s Compensation ● Social Security benefits ● Veterans benefits ● Supplemental Security Income (SSI) ● Any other unearned income
<p>Proof of Medical Expenses</p>	<p>Submit all applicable documents</p>	<ul style="list-style-type: none"> ● Health insurance premium payments – paystubs with insurance deductions or copies of written statements from insurance companies. ● Other medical expenses – ex. Copies of receipts of actual payments, insurance explanation of benefits, medical loan statements, etc.
<p>Proof of Other Insurance (if applicable)</p>	<p>Submit all applicable documents</p>	<ul style="list-style-type: none"> ● If the applicant has coverage under other health insurance, send a copy (front/back) of the insurance card. ● If the applicant had, but no longer has, other health insurance, send a copy of the statement from the insurance company stating the applicant is no longer covered. ● If the insurance company has denied a request for a service, send a copy of the denial letter from the insurance company.
<p>Proof of Medical Eligibility</p>	<p>Submit documentation <u>dated within the past 6 months</u>, from <i>application submission</i>:</p>	<p>Medical notes/records must be from the current pediatrician/specialist explaining the applicant’s qualifying chronic medical condition, including the recommended treatment. Some items that would meet this requirement are:</p> <ul style="list-style-type: none"> ● Medical provider visits notes ● Hospital discharge summary ● Medical consultation notes
<p>Proof of Maryland Medical Assistance (Medicaid) Program</p>	<p>CMS is a payer of last resort, which means an applicant must have applied for other health coverage programs available in the State of Maryland.</p>	<p>All <u>new</u>, <u>returning</u> or <u>renewing</u> applicants must have completed an application for Maryland Medicaid, <u>within the last 6 months</u> of applying for the CMS Program. Submit the following document.</p> <ul style="list-style-type: none"> ● A copy of the eligibility approval or denial letter for the Maryland Medicaid Program. <ul style="list-style-type: none"> ○ You may contact Maryland Health Connections at 1-855-642-8572 for assistance with the Medicaid application; ○ or you may contact your local health department for assistance with the Medicaid application.

Affidavit Forms can be found on the CMS website: https://health.maryland.gov/phpa/genetics/Pages/CMS_Program.aspx and also link within the application. Documents can be email to mdh.childrensmedicalservices@maryland.gov

ADDITIONAL INFORMATION MAY BE REQUESTED TO FULLY PROCESS THE CMS APPLICATION

Maryland Department of Health
Public Health Services Administration
Office of Children and Youth with Specific Health Care Needs
201 W. Preston St. | Baltimore, MD 21201 | phpa.health.maryland.gov