

LIST OF ACCEPTED DOCUMENTS - MUST SUBMIT WITH THE CMS APPLICATION

***** If CMS requests notarized letters, you must mail the original notarized letters; the CMS Program will not accept copies, faxes or emails of notarized letters!**

*****CMS can now accept any other documents requested (except notarized letters) by email. You can email any other additional documents to “mdh.childrensmedicalservices@maryland.gov”. Please, ensure that the email subject and body contains the name and date of birth of the applicant.**

- I. **Proof of identity.** Photo Identification Required for each parent/legal guardian and applicant:
 - 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 (only accepted for the applicant);

- II. **Proof of Maryland Residency.** It is necessary to prove that **both** parents reside in the same household. If a bill is only under one of the parent’s names, CMS will need two separate bills (one under each parent name).
 - 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 Utility Bills (water, electricity, gas, cable or wi-fi) must be recent from the last 30 days;
 - Copy of a Recent Bank Statement, must be recent from the last 30 days;
 - If you cannot provide proof of address with your name, please submit a signed and dated letter from the property owner (landlord) indicating you are residing at the address; the letter must be accompanied by proof of address of the property owner (landlord). You must also complete the Affidavit letter - Residency in MD.

- III. **Proof of School Attendance:** Students 5 years of age and up to 18 years of age, must be enrolled and attending school. Submit documentation from school indicating the student’s enrollment/attendance to the current school year.
 - Copy of last semester’s report card for the current school year;
 - Copy of letter from school or registrar’s office, indicating the applicant is enrolled and attending school, signed and dated (within the last 15 days) for the current school year.

- IV. **Proof of Earned Income from Employment:** It’s required for each working adult in the family. CMS can not process applications without any source of income.
 - Copy of Pay-stubs showing income for a month’s worth:
 - a. If you are paid every week, you need four most recent and consecutive pay-stubs.
 - b. If you are paid every 2 weeks (bi-weekly), you need two most recent and consecutive pay-stubs.
 - If you do not receive pay-stubs and paid in cash; or no income; or in-kind support; you can complete one of the applicable Affidavit letters:
 - Affidavit of Self-Employment Income
 - Affidavit of No Income (in conjunction with) / Affidavit of In-Kind Support

*****If reporting in-kind support, it must indicate an estimated amount given or spent for the support and the frequency of the support.**

You can find the affidavit letters in the CMS website:

https://health.maryland.gov/phpa/genetics/Pages/CMS_Program.aspx

- If submitting an employer letter, you must submit the original employer letter. The letter must be signed and dated and in a company letterhead.
- If the employer letter is not in a company letterhead, you must notarize the letter and submit the original notarized letter.

V. **Proof of Unearned Income/Other Income:** Copies of Award (Benefit) letters must be sent.

- **Temporary Cash Assistance (TCA);**
- **Unemployment Insurance;**
- **Workman’s Compensation;**
- **Supplemental Security Income (SSI);**
- **Child Support payments;**
- **Retirement/Pension funds;**
- **Life insurance payments/trusts;**
- **Social Security benefits;**
- **Veterans benefits.**

VI. **Proof of Expenses:**

- **Health insurance premiums payments** – pay-stubs 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, loan statements, etc.

Proof of Other Expenses (if applicable). If the applicant has coverage under other health insurance, send a copy (front/back) of the insurance card.

- **If the applicant 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 written copy of the denial letter from the insurance company.

VII. **Proof of Medical Eligibility:** Documentation dated within the past 6 months from the current pediatrician and/or specialist that explains the applicant’s diagnosis or suspected diagnosis for chronic medical condition with the recommended treatment and/or follow-up care.

- **Medical provider visits notes;**
- **Hospital discharge summary;**
- **Medical consultation reports.**

VIII. **Proof of Approval or Denial from Maryland Medical Assistance (Medicaid) Program:** CMS is the program of last resort, which means an applicant must have applied for any other health program available in the State of Maryland.

- All **new, returning** or **renewing** applicants requesting coverage with CMS, must have completed an application for Maryland Medicaid, within the last 6 months of applying for the CMS Program.

Attach a copy of eligibility approval or denial letter to the Maryland Medicaid Program application.

ADDITIONAL INFORMATION MAY BE REQUESTED WHEN PROCESSING THE CMS APPLICATION