INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR
CHILDREN'S MEDICAL SERVICES (CMS) PROGRAM

GENERAL INSTRUCTIONS:

1. A parent or legal guardian should fill out the form for a dependent child less than 22 years of age.

2. Applicants 18-21 years of age who are not claimed as dependent by their parents should fill out the application themselves.

    a. In Section 4: FAMILY INCOME AND EXPENSES, the applicant should cross out "Mother" and write "Self." The applicant should fill out his or her own income information in the spaces following.
    b. If the applicant is married, the spaces for father's income should be used to record the spouse's income information. Cross out "Father" and write "Spouse."

3. A parent, legal guardian, or the applicant, if he or she is age 18-21 years of age and capable, must sign and date the last page of the application.

4. **Be sure to fill out all questions and print clearly**. The CMS Program cannot decide if an applicant can get help from the program if there is missing information.

5. You may ask someone to help you fill out the form. Staff in the local health department or hospital may help you. You can also call the Office for Genetics and People with Special Health Care Needs at 1-(800)-638-8864 for help.

6. Submit the <u>completed</u> application to the Children's Medical Services office along with **<u>all</u>** documents listed below. The original application must be <u>mailed</u> to the address listed.

<u>Faxed or Copies of Applications Will Not Be Accepted</u>

Mail applications and documentation to:
Children's Medical Services
Maryland Department of Health
201 West Preston Street, Room 423A
Baltimore, MD 21201-2399

<mark>*DOCUMENTS THAT MUST BE SUBMITTED WITH THE APPLICATION</mark>

<u>Notarized letters must be originals; the CMS Program will not accept copies!</u>

I. **<mark>Proof of identity</mark>**. Photo Identification Required. ID's **are** required for each parent/legal guardian and child:

- **Valid Driver's License with current address or change of address card attached;**
- **Maryland identification card;**
- **Valid passport;**
- **School identification (must accompany birth certificate for proof of birthdate);**
- **Birth certificate;**
- **CASA Maryland identification card;**
- **Adoption Record;**

- ▪ **Marriage license;**
- ▪ **Military service papers.**

II. <mark>**Proof of Maryland Residency**</mark>. It is necessary to prove that **both** parents reside in the same household. If a bill is only under one of the parent's name, we will need two separate bills (**one under each parent name**).

- ▪ **Proof of utilities (water, electricity, gas or cable bill);**
- ▪ **Bank Statement;**
- ▪ **Valid Driver's license;**
- ▪ **Rental agreement/lease or mortgage statement;**
- ▪ **If you cannot provide proof of address with your name, please submit a notarized letter from the property owner (landlord) indicating you are residing at the address; the letter must be accompanied by one of the previously bills under the property owner's name.**

III. <mark>**Proof of School Attendance**</mark>: Students at least 5 years of age and up to 18 years of age, must be **enrolled and attending** school. Submit documentation from school indicating student's name and current school year enrollment. Applicants over 18 years of age and enrolled/attending college/university should also submit documentation.

- ▪ **Copy of last semester's report card for current school year;**
- ▪ **Copy of letter from school or registrar's office, indicating the applicant is attending school, signed and dated for the current school year.**

IV. <mark>**Proof of Earned Income from Employment**</mark>: It's required for **each** working adult in the family.

- ▪ **Paystubs showing income for a month's worth:**
  - a. If you are paid every week, you need <u>four</u> most recent paystubs
  - b. If you are paid every two weeks (bi-weekly), you need <u>two</u> most recent paystubs.

- ▪ **If you do not receive paystubs and paid in cash;** you must obtain a recent **original notarized, signed and dated** letter from employer or company/business (if letter is from a company/business, it must be on an official company/business letterhead), indicating your occupation; income earned and how often he/she paid (weekly, bi-weekly or monthly)**.**

- ▪ **If you are self-employed;** you must submit a recent **original notarized, signed and dated** letter (<u>written by you</u>) indicating occupation, income earned and how often you paid (weekly, bi-weekly or monthly).

- ▪ **In-Kind Support Letter –** If you receive financial support from a family member, friend or agency, you must submit a recent **original notarized, signed and dated** letter from the person providing the financial support indicating dollar amount and how often you are receiving the support (weekly, bi-weekly or monthly).

V. <mark>**Proof of Unearned Income/Other Income**</mark>: 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 –** paystubs with insurance deductions or written statement from insurance company.
- **Other medical expenses –** ex. Receipts of actual payments, insurance explanation of benefits, loan statement.

Proof of Other Expenses (if applicable). If applicant has coverage under other health insurance, send a copy(front/back) of 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 requested 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 treatment and follow-up care.

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

ADDITIONAL INFORMATION MAY BE REQUESTED WHEN PROCESSING THE CMS APPLICATION

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