



Appointment Date: _____

Time: _____

Location: _____

Appointment Reminder and What to Bring

Please Call (303) 363-3013 for an appointment – write the appointment date, time & location above.

Please note that this application can be used for both Medicaid & CHP+. We will forward your application to Medicaid or CHP+ but eligibility may not be determined if information is missing.

For all applicants, the State of Colorado requires:

1. Identity & Citizenship documents for every person who is applying for medical assistance. You must bring original documents. One of the following will prove **both** Citizenship and Identity:

U. S. Passport Certificate of Naturalization Certificate of U.S. Citizenship

OR

one of the following proving CITIZENSHIP **AND** one of the following proving IDENTITY

- | | |
|--|---|
| <input type="checkbox"/> U. S. Birth certificate | <input type="checkbox"/> Driver’s license or state ID card with photo |
| <input type="checkbox"/> Certificate of birth abroad | <input type="checkbox"/> ID card issued by federal, state or local government |
| <input type="checkbox"/> U.S. Nation ID card | <input type="checkbox"/> U.S. military card or draft record |
| <input type="checkbox"/> Native American Tribal document | <input type="checkbox"/> School ID card with photo |
| <input type="checkbox"/> Final adoption decree | <input type="checkbox"/> School records |
| <input type="checkbox"/> Official military record showing U.S Place of birth | <input type="checkbox"/> Written affidavit for children under age 16 |

2. Proof of income - Please bring at least one paycheck stub from this month or last month for all working members of the family over age 18 or a letter from each employer stating your complete gross income for the prior month. If you are requesting coverage for medical bills prior to the application date, please include income for the month you are requesting coverage.

3. If you have NO income, please provide a letter from the person who is giving you room & board or financial assistance.

4. Please bring the following documents if they apply to you and are available: proof of pregnancy and due date – letter or statement from a health care provider or doctor; social security card for each applicant; unemployment, child support, alimony, or social security payments received for the month you are applying:

Please **Do Not** sign or date the application until you come for your appointment.