

## NorthSTAR Medicaid Indigent Program Documentation Requirements

\*\* Please provide all applicable items from following categories \*\*

Please note that additional information may be requested at the time of your intake review.

**Proof of Patient Identification** - Must provide one of the following:

- ☐ Driver's license or DPS ID card
- ☐ Birth Certificate (children under 18)
- ☐ Employee Identification card (with picture)
- ☐ School Identification card (with picture)
- ☐ Unexpired Immigration documentation for all applicable household members: Resident alien cards (front and back), Visas and or Passports

☐ **Social Security Number** - Provide for all applicable household members.

**Bank Statements & Tax Returns** - Must be provided

- ☐ Most recent checking and savings account statements
- ☐ Entire 1040 Tax Return Form with: Schedule C, Partnership tax form 1065, Schedule K-1, Schedule F, W2 etc.

**Proof of Employment and Income** - Must provide applicable sources of income:

- ☐ Two most recent payroll check stubs
- ☐ Employment Verification form
- ☐ Current award letter / copies of checks: SSI, RSDI, VA, Soc. Sec., TANF
- ☐ Workman's Compensation
- ☐ Employer statement of earnings on letter head
- ☐ Court orders/check for Child Support /Alimony
- ☐ Unemployment award letter/check stubs

**Verification sources of assistance** - Provide all applicable:

- ☐ Food Stamp/TANF and Housing Assistance award letters
- ☐ Statement from Homeless Shelter where patient resides and verifying unemployment.
- ☐ Verification of Assistance form with notary seal and all of the following proofs from the person providing assistance:
  - ☐ Driver's license or DPS ID card
  - ☐ Utility bill
  - ☐ Proof of income

**Proof of Patient Residency** - Must provide a minimum of (2) two:

- ☐ Utility
- ☐ Lease agreement, mortgage statement
- ☐ Auto, Life, Homeowners/Renter's Insurance Documents
- ☐ County, State/Federal agencies Correspondence
- ☐ Retirement Plan Documents, Attorney Correspondence
- ☐ Texas Department of Motor Vehicle Records
- ☐ Statement from Homeless Shelter

**Proof of Insurance** - Provide for all household members

- ☐ Front and back of Medical/Dental Insurance cards

**Proof of Self Employment**

- ☐ Self Employment Form (1 form each month)
- ☐ Entire 1040 Tax Return Form with: Schedule C, 1099, Partnership Form 1065, Schedule K-1, Schedule F etc.
- ☐ Business ledgers/Accountant's statement listing income and expenses for the last 12 months
- ☐ 12 months of check stubs, receipts, or logs for income received: babysitting, contract/sub-contract work, landscaping, day labor work etc.

**Acceptable sources to verify deductions**

If desiring to claim deductions for child care, alimony or child support paid out:

- ☐ Statement listing last two payments to provider
- ☐ Last two canceled checks
- ☐ Copy of divorce decree stating amount owed
- ☐ Statement from Attorney General's office
- ☐ Statement from ex-spouse itemizing payments

**Please Note:** Providing false and/or misrepresented information in response to any question on this application or any document submitted with this application could result in penalties including, but not limited to, loss of member benefits and the ability to re-apply for the NorthStar Program. It may also be subject to Federal and/or State prosecution.