

Documents You Must Send with Your Application

① Proof of Citizenship & Identity: one of the following for each child who needs coverage

- Valid or expired Passport
- Tribal ID (with photo)
- Permanent Resident Card or other immigration paperwork
- Birth certificate **with** one of the following:
 - Driver's license or state ID card
 - School ID card
 - Citizenship & Identity Declaration form
http://www1.dshs.wa.gov/word/ms/forms/13_789.doc

② Proof of income for the last 30 days

- Pay-stubs from the last 30 days that show your family income *before taxes*
- Award letter showing any benefits that your family receives (DSHS, SSI, L&I, child support)
- Unemployment benefits-last 4 check stubs
- Proof of court-ordered child support payments received in the last 30 days
- If you are **paid in cash** or personal check, get a signed letter from your employer that gives your monthly income *before taxes* and for which month they are reporting.
- **Self employed:** Current tax return and a ledger of your earnings and expenses for the past 30 days.
- **No income:** a letter written by the person who has been supporting you and your family for the past 30 days. If there is no outside support, write a letter yourself explaining how you get food, shelter, etc.
- **Seasonal worker or your hours vary?** Ask DSHS to look at your average income to decide if you qualify. For information on how to do this, call 788-6594.

③ Proof of qualified deductions

- Proof of court-ordered child support payments you made in the last 30 days
- Proof of monthly child care costs; Daycare receipt or letter from whomever watches your child

Documents You Must Send under **Special Circumstances**

① If child has an **Urgent Medical need**

- Write a brief description of the medical need next to Question 6 on the application. This will help you get the medical coupon faster.

② Proof of pregnancy

- Mark the Yes in box 6 on the application and include a proof of pregnancy from your doctor or nurse that gives the estimated due date.

③ Medical costs in the **last three months that you would like DSHS to pay for** (doctor visits, prescriptions, ER or hospital bills). This is called "retroactive coverage."

- All pay-stubs received in the last 3 months