

Patient Care Core Eligibility Recertification

Name: _____ DOB: _____

Mailing Address _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Doctor's Name: _____

Case Manager's Name: _____ Agency: _____

Section 1: RESIDENCY	Check the document type.
<p>Have you moved/changed where you live?</p> <p><input type="checkbox"/> No, my address has not changed. If no, go to Section 2: HOUSEHOLD SIZE.</p> <p><input type="checkbox"/> Yes, my address has changed. If yes, please check the document type in the box to the right.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Current Florida driver's license <input type="checkbox"/> Current Florida Identification Card (ID) <input type="checkbox"/> Utility bill <input type="checkbox"/> Pay stub with name and address <input type="checkbox"/> Housing, rental, or mortgage agreement <input type="checkbox"/> Recent school records <input type="checkbox"/> Bank statement <input type="checkbox"/> Client support letter <input type="checkbox"/> Property tax receipt or W-2 Form <input type="checkbox"/> Unemployment document <input type="checkbox"/> Current voter registration card <input type="checkbox"/> Official correspondence <input type="checkbox"/> Florida Medicaid Managed System (FLMMIS) <input type="checkbox"/> Medical Eligibility Verification System (MEVSNET) <input type="checkbox"/> Supplemental Nutritional Assistance Program (SNAP) <input type="checkbox"/> Statement from shelter/case manager
Section 2: HOUSEHOLD SIZE	
<p>Has your household size changed?</p> <p><input type="checkbox"/> No, my household size has not changed. If no, go to Section 3: INCOME.</p> <p><input type="checkbox"/> Yes, my household size has changed. If yes, please check the document type in the box to the right.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Marriage license/Domestic Partner registration form <input type="checkbox"/> Birth certificates <input type="checkbox"/> Tax return <input type="checkbox"/> Divorce decree <input type="checkbox"/> Death certificate <input type="checkbox"/> Adult living with client and claims the client as a dependent on taxes <input type="checkbox"/> Adult living with client and has legal custody of client.

Section 3: INCOME

Has your income changed?

- No, my income has not changed.
If no, go to Section 4: HEALTH INSURANCE.
- Yes, my income has changed.
If yes, please check the document type in the box to the right.

- Copy of most recent pay stubs for the last month
- Copy of most recent annual disability, SSI, retirement, pension, VA, child support/alimony, unemployment benefits, etc.
- Profit and Loss Statement from self-employment
- Statement of no income
- Three (3) months of bank statements
- Client support letter
- Other

Section 4: HEALTH INSURANCE

Has your insurance status changed?

- No, my insurance has not changed.
- Yes, my insurance has changed.
If yes, please check the document type in the box to the right.

Go to Section 5: ATTESTATION.

- Proof of Medicaid
- Employer insurance verification
- Current insurance benefits package information
- Florida Medicaid Managed Information System (FLMMIS)
- Medical Eligibility Verification System (MEVSNET)
- Medicare
- Federally Facilitated Marketplace
- Termination/Denial letter from employer
- Termination/Denial letter from insurance provider

Section 5: ATTESTATION

Please attest to the following statement:

- The information provided is true, correct, and complete to the best of my knowledge.
- I understand that my records are protected under State and Federal laws and cannot be shared without my written consent.
- I understand that information can be released for billing, chart audits, program monitoring/quality improvement, data reporting, and other purposes necessary to facilitate the provision of program services.
- I also understand that I may change my consent at any time, in writing.

(Client Name) verified the above information on (Date).

Form Completed By: _____

Staff Name: _____ Staff Signature: _____

Agency Name: _____ Agency Phone: _____

Date: _____