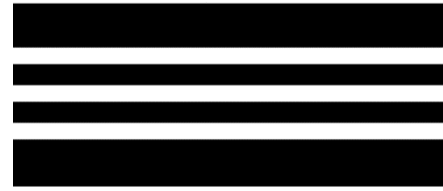




DFU Cover Sheet 595x150



Certified Application Counselor Manual Identity Proofing Fax Cover Sheet



Manual Identity Proofing Fax #: **617-887-8748**

Complete all fields of both pages of the coversheet before faxing:

Last four digits of Account Holder's Social Security Number: _____

OR

Account Holder's initials: _____ and DOB (MM/DD/YYYY): ____/____/_____

Number of Pages including the 2-page cover sheet: _____

Important Messages: **NEVER** photocopy this cover sheet containing the barcode. For barcodes to work, the barcode must be an original.
NEVER use the same cover sheet to send items for more than one account. Use a separate cover sheet for each household.

This cover sheet should **ONLY** be used by Certified Application Counselors to fax **identity proofing documentation to MassHealth** when they are actively assisting an applicant and the applicant fails the online identity proofing process.

Fax only the following acceptable Identity Proofing documents:

<u>One of the following documents:</u>	<u>OR</u>	<u>Any two of the following documents</u>
Driver's License		Birth certificate
School Identification Card		Social Security Card
Voter Registration Card		Marriage Certificate
US Military Card or Draft Record		Divorce Decree
Identification card issued by the federal, state, or local government including: <ul style="list-style-type: none"> US Passport or US Passport Card Massachusetts ID Military Dependent's identification card Native American Tribal document US Coast Guard Merchant Mariner Card 		Employer Identification Card
Permanent Resident Card or Alien Registration Receipt Card (From I-551)		High School or College diploma
Employment Authorization Document that contains a photograph (Form I-766)		Property Deed or Title
Foreign passport, or identification card issued by a foreign embassy or consulate that contains a photograph		

Step 1: Collect identity proofing documents from applicant (see chart on 1st page of this fax cover sheet). Confirm that documents are valid for identity proofing.

Step 2: Complete the information below. Please **print** clearly.

Account Holder Information:

Name:

Soc. Sec. No:

Date of Birth: ____ / ____ / _____

MassHealth ID No. (*if applicable*):

Reference ID No. (*if applicable*):

Type of IDP document(s):

CAC Contact Information:

Name:

Direct Phone No:

Name of Organization:

CAC ID Number (from CAC certificate):

Step 3: Fax the document(s) **and** this 2-page coversheet to: **617-887-8748**.

Step 4: Call the MassHealth Assister Line at 844-811-3384, to complete the manual Identity Proofing process.

Important:

Use only this cover sheet, **including the first page containing the barcode**, when faxing the identity proofing documents to MassHealth.

Be sure that **documents fax legibly**. Some may need to be lightened or enlarged. If the document cannot be read by MassHealth, the account cannot be unlocked

This facsimile transmittal may contain information that is privileged, confidential, or exempt from disclosure under applicable law. It is intended for the use of only the individual or department to whom it is addressed. If you are not the recipient or the employee or the agent responsible for the delivery of this transmittal to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.