



Certified Application Counselor Manual Identity Proofing Fax Cover Sheet

Manual Identity Proofing Fax Number is **(617) 887-8748**

Complete all fields of all three 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 3-page cover sheet _____

Important

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.

ONE of the following documents	Or any TWO of the following documents
Driver's license issued by state or territory	Birth certificate
School identification card	Social Security card
U.S. Voter Identification card	Marriage certificate
U.S. military draft card or draft record	Divorce decree
Identification card issued by the federal, state, or local government	Employer identification card
U.S. passport or U.S. passport card	High school or college diploma (including high school equivalency diplomas)
Certificate of Naturalization (Form N-550 or N-570) or Certificate of U.S. Citizenship (Form N-560 or N-561)	Property deed or title
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	Clinic, doctor, hospital, or school record if under age 19
Employment Authorization Document that contains a photograph (Form I-766)	Consular report of a birth abroad
Military dependent's identification card	Medicare card with name and signature
Native American Tribal document	Veteran Administration ID card
Coast Guard Merchant Mariner card	Federal or state agency employee ID card with signature and photo
Foreign passport, or identification card issued by a foreign embassy or consulate that contains a photograph	Court-issued adoption papers
I-797 (Notice of Action)	Ward of the court decree/order of dependency
I-327 (Re-Entry Permit)	School yearbook or copy certified by the school
I-571 (Refugee Travel Document)	School transcript or record with date of birth, school biographical data sheet with photo, or forms I-20 or DS-2019 for foreign exchange students
U.S. Visas (such as B1/B2, R-Visa, Border Crossing Card, J/F/M)	
Office of Refugee Resettlement certifications (ORR certifications) – More information	
Foreign identification (ID) cards that include identifying information and a photograph (must include an ID number, photo, full name, and date of birth)	
Foreign Driver's License that includes identifying information and a photograph (must include a photo, full name, and date of birth)	
Any issuing document by the US government that is sufficient on its own to establish identity (must include a photo, full name, and date of birth)	

Step 1 Collect identity proofing documents from applicant (see chart on 2nd 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	CAC Contact Information
Name	Name
SSN	Direct phone number
Date of birth	Name of organization
MassHealth ID No. (if applicable)	CAC ID Number (from CAC certificate):
Reference ID No. (if applicable)	
Type of IDP document(s)	

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

Step 4 Call the MassHealth Assister Line at **(844) 811-3384**, Option 1, 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.