



CHECKLIST FOR CARE CARD APPLICATION

1. Care Card Application Form
2. Proof of Physical Address
3. Proof of identification for **ALL** family members living in the **SAME** household. Photo ID for adults is preferred. Adult children over 18 in higher education **MUST** furnish student ID
4. Proof of income

Unearned Income:

- Unemployment or Worker's Compensation
- social security or Supplemental security income (SSI)
- Public assistance
- Veterans' benefits
- Survivor benefits
- Disability benefits
- Pension or retirement income
- interest or dividends
- Rents, royalties, estates and trusts
- Alimony
- Child support
- Self-declaration of income

Earned Income: Please bring **ONE (1) of the following for all employed family members:**

- Last calendar month pay stubs
- Income Verification letter from your employer (**gross** income, estimated tips, if applicable, dated within the last 30 days, on company letterhead to include address, phone number, and contact for employer)
- Taxes from prior year, W2, Form 4506-T

Self Employed: Please bring **ONE (1) of the following:**

- Taxes
- Profit and Loss statement
- One month of gross bank business deposits or ledger
- Summit Community Care Clinic Self-employment worksheet

If you are homeless, please ask to speak to the Eligibility Representative. If you have any questions regarding documentation required, or would like to talk with an Eligibility Coordinator, please call (970)668-4040



CARE CARD APPLICATION FORM

Name of Head of Household		Social security #		Date of Birth	
Physical Address			City		State
P O Box #	City	State	Zip	Phone #	

Please list spouse and dependents

NAME	DATE OF BIRTH	SOCIAL SECURITY #	PATIENT HAS INSURANCE?	RELATIONSHIP
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	

INCOME SOURCE	SELF	SPOUSE	OTHER	TOTAL
EARNED INCOME				
UNEARNED INCOME				
SELF EMPLOYED INCOME				

APPLICATION FOR MEDICAID/CHP+

I grant permission to Summit Community Care Clinic to apply for Medicaid/CHP+ on behalf of myself and/or family members as noted above

Yes _____ No _____

CERTIFICATION

I certify that the family size and income information above is correct

Name (print) _____

Date _____

Signature _____

