



ACCESS Florida Fax/Scanning Cover Sheet

Use this cover sheet to fax or scan documents to the ACCESS Florida Program.

- For community partners, state agencies or organizations that help ACCESS customers apply/reapply for benefits, please use a separate cover sheet for each customer you help.
Please give us as much information as possible about the customer.
Please write the customer's name on each piece of paper that is sent.
Please do not send documents more than once.
Customers may check their My ACCESS account after three days to confirm the document was received.

What is this for?

For Application/Renewal, please check this box [ ] ;

For Reporting a change on an approved case, please check this box [ ] or,

For Medical Bills to meet monthly share of cost, please check this box [ ] .

Who is this for?

Web application/renewal/Change confirmation number:(if known): \_\_\_\_\_

Case Number (if known): \_\_\_\_\_

Customer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Customer's Social Security Number: \_\_\_\_\_
(not needed if case or confirmation number was provided above)

What is being turned in? Please check all that apply

- [ ] Application - Paper Application - Medicaid/Medicare Buy-In Application - Interim Contact Form - Screening for Expedited Medicaid Appointment Sheet
[ ] Identity Verification [ ] Legal/Court Documents
[ ] Medical Records/Bills [ ] Income verification
[ ] Asset Verification [ ] Household expenses -
[ ] Other or Comments:

\_\_\_\_\_
\_\_\_\_\_

From: \_\_\_\_\_ Organization (if any): \_\_\_\_\_ Phone #: \_\_\_\_\_

To (if known): \_\_\_\_\_ Number of Pages: \_\_\_\_\_