

New Verification Checklist Desk Aid

This desk aid explains the changes that were recently made to the Verification Checklist.



STATE OF COLORADO

Contact information for the eligibility site requesting information

VCL will be addressed to the head of household

7/30/18

Bee A Member
PO BOX 4416
PARKER CO 80134-1450

County Office
PO BOX 123
City, CO 80000-0924
(303) 123-4567

Case Number: 1X00000

Reason for letter

Request for More Information

Dear Bee A Member:

We need more information to make a decision about your household's benefits. **Please send the information below by the due date listed** or your benefits may be denied or may end. If this happens, you will get a separate letter to tell you which benefits were denied, when your current benefits will end, and what you can do to appeal.

Information We Need

Please send the information requested for each person below. For instructions about how to send this information, see the section, "**Where to Send the Information.**"

Household member that information is needed for of to send for each item, first check if there is a note in the "Notes" is no note and you are not sure what we need, please call us for more information

Information needed for Bee A Member

Information to send

Due date for each program: send one copy by the earliest date listed

Tax documents of your self-

Due dates are now grouped by VCL item vs VCL items listed multiple times

06/10/2019 for Food Assistance
08/14/2018 for Medical Assistance

Notes for Food Assistance:

Notes for Medical Assistance:

Proof of cash or an asset that can easily be changed to cash. (examples: bank account statements, investment accounts, income tax refund, statement declaring how much cash savings you have). If it is jointly owned, the proof must show all owners.

08/14/2018 for Medical Assistance

Alternate shading breaks up letter

Continued on the next page.

Questions? Call Assistance Programs at (303) 123-4567 or visit Colorado.gov/PEAK

Page 1 of 2

Eligibility workers will still have the ability to add details or provide clarification for requested items

Notes for Medical Assistance:

For Medical Assistance programs that require information about your resources, such as verifications of bank accounts, we may get this information directly from financial institutions.

If you are applying only for the Health First Colorado Medicaid Buy-In Program for Working Adults with Disabilities: If you are under age 65 with a disability, are currently working, and you want to apply only for this program, you don't have to send documents about the value of your property or accounts even if it was requested in the section above. Send all other requested information.

Where to Send the Information

Send copies, not original documents. **Write your case number on every page of each document you send or upload.** See page 1 of this letter for your case number.

The information in this section will be specific to the eligibility site that is requesting information

Choose one of these ways to send your information:

1. Go to CO.gov/PEAK and upload your information. If you do not have an account, you can create one.
2. Mail or drop off:
County Office PO
PB Box 123
City, CO 80000-0924

For Questions and Help

Contact us at (303) 123-4567 if you need help or can't return the documents by the due date. We may be able to give you extra time if you are having trouble getting the documents.

Sincerely,

Assistance Programs
(303) 123-4567

Contact number: If there are questions about why information is being requested, what documents are acceptable, if it's too late to submit etc..

Dynamic Language

Information to send

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Questions?



Thank You!

