

## **INSTRUCTIONS**

Dear Applicant,

Thank you for inquiring about Delaware Screening for Life (SFL) and Health Care Connection (HCC) Programs. To determine your eligibility for the SFL and HCC programs, please complete and sign the enclosed application and include the **required** information (see below).

### **REQUIRED DOCUMENTS**

**Completed & Signed Enrollment Application** (questions that do not pertain, please write N/A)

**Proof of Ineligibility or Exemption from the Health Insurance Marketplace (HCC Only)**

**Proof of Household\* Income** (provide a copy of **ALL** that apply):

- If you and/or spouse are employed, provide proof of last 4 weeks' income (i.e.; pay stubs)
- If self-employed, provide your most recent completed tax return with all schedules
- If you have been denied Medicaid recently, please provide a copy of the denial letter (all pages)
- If you receive Unemployment, Social Security, or Disability, provide the award letter showing your income
- If you have no income, please provide a letter/statement of support from the individual who is providing financial support

*\*A Household consists of you (the client), your spouse, and any children under the age of 18 within your legal guardianship. All others not meeting this description should **NOT** be included in your application.*

**Proof of State of Delaware Residency** (provide a copy of **(1)** of the following):

- Delaware Driver's License or State Identification card (non US Citizens can provide this but must also provide a copy of VISA)
- Utility invoice with physical address
- Current Lease and/or Rental Agreement
- If you have a P.O. Box, you must provide proof of physical address
- If living with a family member or other person and unable to provide documentation, include a letter/statement from the individual verifying your physical address

**Proof of Citizenship, Non-US Citizens Only** (please provide a copy of the following):

- VISA (Non-Immigrant Visa) with Foreign Passport (if passport is available), or
- Permanent Residence Card (Immigrant Visa)

**Proof of Childcare Expenses, if applicable** – provide receipt of monthly childcare bill and/or copy of the last (4) weeks' cancelled check (s) to childcare provider

A self-addressed envelope with postage has been included for your convenience. You may also fax your application and required documents to 302-741-9049 Attention: SFL Office, or e-mail: DHSS\_DPH\_Healthaccessde@state.de.us

**If you have any questions, please contact the SFL office at 302-744-1040, Monday – Friday, 8:00AM-4:00PM.** Thank you, SFL/HCC Enrollment Specialist