

INSTRUCTIONS

Dear Applicant,

Thank you for inquiring about the Delaware Screening for Life (SFL) and Health Care Connection (HCC) Programs.

To determine your eligibility for the SFL and HCC programs and to complete the enrollment process, please submit a completed and signed enrollment application, along with the mandatory documents listed below.

MANDATORY DOCUMENTS

Proof of Name and Date of Birth

- Document must contain proof of full legal name and date of birth (i.e. Birth certification, DE driver's license, State identification, Passport, Permanent Resident card, Matricula Consular Card, Employment Authorization card)
- If name has been changed, please provide proof of legal name change

Proof of Ineligibility or Exemption from the Health Insurance Marketplace (HCC Only) – completed DPH Client Self-attestation form may be acceptable (included in your enrollment application packet)

Proof of Health Insurance, if applicable – If you indicated you have health insurance on the enrollment application, please provide a copy of your health insurance card, indicating deductible amount and covered benefits

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 (paystubs for the last 30 days with gross amount and deductions)
- If unable to provide paystubs for you and/or spouse, provide an statement from the employer, indicating how many hours you work per week and your hourly rate
- If self-employed, provide your most recent completed tax return with all schedules
- If you receive Unemployment, Social Security Benefits, Temporary Assistance for Needy Families (TANF), Alimony, Worker's Compensation, Child Support, Pension or Disability, provide the notice/award letter, listing the income awarded and/or received
- If you have no income, 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 – Home Address (provide a copy of **(1)** of the following):

- Delaware Driver's License or State Identification card
- Utility invoice with current home address (Note: Cable and phone bills are not considered utility invoices)
- Current Lease and/or Rental Agreement
- If unable to provide the above documents, provide a statement verifying your physical address and your intent to reside in Delaware

For your convenience you may mail, fax or email your application and documents to 302-741-9049 Attention: SFL/HCC Office, or e-mail: [DHSS DPH Healthaccessde@state.de.us](mailto:DHSS_DPH_Healthaccessde@state.de.us). Mail to SFL/HCC Office, Division of Public Health, 540 S. DuPont Highway, Ste. 11, Dover, DE 19901

If you have any questions, please contact the SFL/HCC office at 302-744-1040, Monday – Friday, 8:00 AM-4:30 PM.

Thank you,

SFL/HCC Enrollment Staff