The MetroHealth System
Medicaid Assistance and Financial Assistance Program Documentation Sheet

Based upon your Financial Eligibility interview, the following documents are requested to ensure a successful assignment of a Financial Assistance Program and or a completion of a Medicaid Application:

1. ____ Driver’s license, State ID, Military ID or United States Passport
2. ____ Permanent Resident Card for all family members
3. ____ Visas, passport or naturalization citizenship documents
4. ____ Birth certificates of minor children
5. ____ Marriage Certificate, Divorce Decree, or Death Certificate
6. ____ Letter of Guardianship and or Power of Attorney
7. ____ Utility Bill, Commercial Mailing received in the past 60 days
8. ____ Lease or Rental Agreement signed or received in the past 60 days
9. ____ Letter describing proof of support and or residency signed and dated
10. ____ Prior years Federal Tax Return (Personal, Corporate, Partnership Tax) including all W2’s and or 1099’s
11. ____ Paystubs from each employer for the last three (3) months
12. ____ Proof of lost income in the past three (3) months. (employment termination letter, benefit termination letter)
13. ____ Statement of Gross income from the following agencies:
   □ Social Security
   □ Veteran’s Administration
   □ Unemployment Compensation
   □ Workers Compensation
   □ Pension
   □ Short Term/Long Term Disability

14. ____ Statement of income from: □ Child Support □ Alimony
15. ____ Annual statement of earned interest/capital gains for bank accounts, stocks, bonds, CD, IRA
16. ____ Monthly gross profit statement for prior 12 months if self-employed, rental property owner, doing odd jobs, business partnership, or corporation owner
17. ____ Copy of the following program statement:
   □ Medicaid award/denial letter or proof of Medicaid case closed from another state
18. ____ Completed and signed FAP/HCAP Application

Please make copies of your documents, as originals will not be returned. Please return this form along with your documentation.

Documentation can be submitted 3 ways:

1) **Mail to:**
   - Attention: Financial Coordination
   - Admitting Department
   - The MetroHealth System
   - PO BOX 74732
   - Cleveland, Ohio 44197-9940

2) **Faxed to** (216) 778-4884

3) **E-mailed** to MHFinancialEligibility@metrohealth.org

If you have any questions, please call (216) 957-2325

Your Re Determination Appointment Date is scheduled for ________________________________

Are you signed up for MyChart? ____ Yes  ____ No  If not, would you like to sign up? ____ Yes ____ No

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