State of Florida
Department of Children and Families

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: _____