

Batch Cover Sheet

To: Document Processing Center
P.O. Box 14600
Midland, TX 79711-9907

From:

Date: _____

Check appropriate box for the batch. Check **only one** box per batch.

Applications for all programs (P.O. Box 14600), including CMA

Do not
Use

Redetermination/reviews for all programs (P.O. Box 14700)

Do not
Use

Image only for all programs (P.O. Box 14800)

CHIP Only

Only **if** on a CHIP application/redetermination/change form:

Do not
Use

CHIP/children's insurance applications (P.O. Box 14200)

Do not
Use

CHIP/children's insurance reviews (P.O. Box 14300)

Do not
Use

CHIP/children's insurance changes/miscellaneous (P.O. Box 14400)