

**FAX COVER SHEET**  
**FOR ALL APPLICATIONS FROM PROVIDERS**

**DATE:** \_\_\_\_\_

**FROM (Name & Organization):** \_\_\_\_\_

**CONTACT PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

**Please note that we can no longer accept incomplete applications.** If the following information is not sent, the application will be returned to the sender. We will start processing the application as soon as we receive a complete application with all necessary information.

**STAT\*** \_\_\_ State reason; Application will be processed ASAP retroactive to the 1<sup>st</sup> of the month.

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**URGENT\*** \_\_\_ State reason; Application will be processed within 2-3 business days, with eligibility retroactive to the 1<sup>st</sup> of the month) \_\_\_\_\_

- \_\_\_ Patient needs medications (please attach list of medications)
- \_\_\_ Patient needs durable medical equipment; **SPECIFY TYPE:** \_\_\_\_\_
- \_\_\_ Patient needs to see their Primary Care Provider within 30 days
- \_\_\_ Patient needs to see a Specialty Care Provider within 30 days
- \_\_\_ Other; **DESCRIBE NEEDS** \_\_\_\_\_

**ROUTINE** \_\_\_ Application will be processed within 30 days. Enrollment will begin the 1st day of the month that the Application was processed.

**Applications MUST include the following information:**

1. **Proof of Washtenaw County Residency:** Picture ID with a current Washtenaw County address or copy of mail from government agency. We will also accept a utility bill (not a phone bill), or copy of current lease in the patient's name. Only residents of Washtenaw County are eligible for WHP.
2. **Proof of Income:** One of the following items can be provided: copies of pay stubs; unemployment check; Michigan tax return; child support check; SSI check; SSD check; FIA benefit letter, or self-employment letter (if patient says they have no income, we require something in writing stating how the person is being supported, and signed.)
3. **Proof of filing an application with FIA for additional insurance, if applicable:** ER Medicaid, Medicaid, Healthy Kids, Medicare. Proof can be a copy of a signed and date application, copy of the signature page, or a letter from FIA.

- **A copy of Stat or Urgent applications should be faxed to the appropriate Network Administrator: SJMH 734-712-3730 or UMHS 734-615-5878**