



State of Florida
Department of Children and Families



ACCESS Florida Fax Cover Sheet

This cover sheet is intended to help ACCESS community partners, agencies and organizations that assist ACCESS Program customers apply for, renew or maintain their public assistance benefits. Please use a separate cover sheet for each customer you assist and provide as much information as possible to make it easier to associate these documents with the customer's case. Please put the customer's name on each piece of paper you submit.

Sender _____ Deliver to (if known) _____
Organization _____ Phone # (if known) _____
Phone # _____ Number of Pages _____
Email Address _____

Web Application Confirmation Number: _____
Case Number (if known): _____
Customer's Name: _____
Customer's DOB: _____

Items being submitted-please circle those that apply

Application – Paper Application – Medicaid/Medicare Buy-In Application – Interim Contact Form - Screening for Expedited Medicaid Appointment Sheet – Pregnant Woman Application

Identification Card – Driver's License/ State ID -Birth Certificate – Social Security Card – Medicare Card etc

Legal/Court Documents – marriage/divorce – death certificate etc

Medical Records/Bills – doctor bills – pharmacy bills etc

Income verification – pay stubs - employer statement – self employment etc

Asset verification – bank statements - life insurance papers – vehicle title etc

Household expenses – rent/mortgage statement – utilities – medical etc

Other – Please list