



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