

**INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR  
CHILDREN'S MEDICAL SERVICES (CMS) PROGRAM**

**GENERAL INSTRUCTIONS:**

1. A parent or legal guardian should fill out the form for a dependent child less than 22 years of age.
2. Applicants 18-21 years of age who are not claimed as dependent by their parents should fill out the form themselves.
  - a. In Section 4: FAMILY INCOME AND EXPENSES, the applicant should cross out "Mother" and write "Self." The applicant should fill out his or her own income information in the spaces following.
  - b. If the applicant is married, the spaces for father's income should be used to record the spouse's income information. Cross out "Father" and write "Spouse."
3. A parent, legal guardian, or the applicant, if he or she is age 18-21 years of age and capable, must sign and date the last page of the application.
4. **Be sure to fill out all questions and print clearly.** The CMS Program cannot decide if an applicant can get help from the program if there is missing information.
5. **You may ask someone to help you fill out the form.** Staff in the local health department or hospital may help you. You can also call the Office for Genetics and People with Special Health Care Needs at **1-(800)-638-8864** for help.
6. The completed application must be turned in to the Children's Medical Services office along with the documents listed below. The original application must be **mailed** to the address on the application. **Fax copies will not be accepted.**

**Send the application to:**

Children's Medical Services  
Maryland Department of Health and Mental Hygiene  
201 West Preston Street, Room 423  
Baltimore, MD 21201-2399

**DOCUMENTS THAT MUST BE SENT IN WITH THE APPLICATION:**

1. **Proof of identity.** Documents must be sent in that contain **both the name and date of birth** of the applicant **and** his or her parents or legal guardians if the applicant is a dependent child. Examples of documents can include (**Photo ID is Requested**):
  - Driver's License;
  - Maryland MVA ID;
  - Passport;
  - Consulate ID;
  - Employment ID card;
  - School ID card.
  - Birth certificate;
  - Adoption record;
  - Marriage license;
  - Military service papers;

2. **Proof of Maryland residency.** Documents must be sent in with name(s) and current address for the applicant and his or her parents or legal guardians, if the applicant is a dependent child, matching the address on the application. Examples of documents can include:
- Recent rental or room and board receipts (with identifying address);
  - Property ownership records (deed or mortgage payment records);
  - Driver's license;
  - Employer's records of home address;
  - Rental lease;
  - Utility bill;
  - School verification of enrollment and attendance if school-aged child (examples: letter from the school or recent report card).
3. **Proof of School Enrollment.** Documentation from the school stating student's name and current school year enrollment if the applicant is of school age (at least 5 years of age to 18 years of age. If over 18 years and enrolled in college/university, also send documentation of enrollment. Examples of documents can include:
- Copy of last report card;
  - Copy of letter from school office or registrar's office, stating the applicant is enrolled **and** attending school, signed and dated for the current school year;
4. **Earned Income from employment.** The following forms must be sent in:
- Copies of **two (2) most recent pay stubs** for the previous month (current month or month before the date signed on the application) for each employed adult in the applicant's household;
- or
- A **signed and dated statement from the employer(s) on company letterhead** stating **gross** pay before deductions, number of hours worked and how often the employee is paid (weekly, biweekly, monthly);
- or
- A **signed, notarized statement from the employee** (parent), stating **gross** pay before deductions, number of hours worked and how often the employee is paid (weekly, biweekly, monthly);

**5. Proof of Unearned/Other income.** Copies of award letters must also be sent in as proof of income for family members who receive income from other sources. These sources include monies from:

- Temporary Cash Assistance (TCA);
- Unemployment insurance;
- Workman's compensation;
- Supplemental Security Income (SSI);
- Retirement or pension funds;
- Life insurance payments/Trust;
- Social Security benefits;
- Veteran's benefits;
- Child support payments.
- \*In-Kind Support Letter – signed, notarized letter from the person(s) or agency that is providing support indicating how much, how often and for how long.

**6. Proof of expenses.** Documents must be sent in as proof of all family expenses listed on the application. This includes documentation of the following:

- Child care expenses - ex. receipts, written statement from child care provider;
- Child support payments or alimony - ex. court orders, support agreements;
- Health insurance premium payments –ex. pay stub with insurance deductions, written statement from insurance company;
- Other medical expenses - ex. Receipts of actual payments, insurance explanation of benefits, loan statement from financial institution.

**7. Proof of other insurance (if applicable).** If the applicant, is covered under other health insurance, send a copy (front and back) of the insurance card.

- If the applicant no longer has other health insurance, send a copy of the statement from the insurance company stating the applicant is no longer covered.
- If a requested service has been denied by the insurance company, send a written copy of the denial by the insurance company.

**8. Proof of medical eligibility.** Documents, **dated within the past 6 months**, must be sent in that show the applicant's diagnosis or suspected diagnosis and the need for specialty care and/or related services such as medications and medical equipment. Examples of documents can include the following:

- Medical provider visit notes;
- Hospital discharge summary;
- Medical consultation reports;
- Letter from medical provider.

**\*Additional information may be requested when processing the CMS application. \***

