



**Government of the Virgin Islands
Bureau of Health Insurance and Medical Assistance
St. Thomas, St. Croix, and St. John**



STATEMENT OF FACTS

MAP CASE NO: _____

APPLICANT: _____ **MARITAL STATUS:** _____ **BIRTH DATE:** _____ **SOCIAL SECURITY NO:** _____
HOME ADDRESS : _____ **MAILING ADDRESS:** _____
HOME PHONE: _____ **WORK PHONE:** _____ **CELLULAR:** _____
PREGNANT: _____ **DISABLED:** _____ **AGED:** _____ **TANF:** _____ **FOSTER CARE:** _____ **EMANCIPATED MINOR** _____

HOUSEHOLD COMPOSITION

<u>NAME</u>	<u>D.O.B.</u>	<u>SEX</u>	<u>RELATIONSHIP TO APPLICANT</u>	<u>SOC. SEC. NUMBER</u>	<u>INCOME & TYPE</u> (EARNINGS, CHILD SUPPORT, SOCIAL SECURITY, IN KIND, UNEMPLOYMENT)	<u>RESOURCES</u> (SAVINGS, CHECKING, PROPERTY)	<u>HEALTH INSURANCE PROVIDER</u>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

I certify through my signature that the answers given are true and correct to the best of my knowledge and belief. I realize that deliberate misrepresentation or concealment of facts may constitute fraud for which I may lose my Medical Assistance coverage or can be prosecuted for a crime.

SIGNATURE OF APPLICANT : _____

DATE: _____

H/H name:

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List of Documentation Necessary for Interview

Documentation Required	Type of Proof
Proof of Identity for every household member	<ul style="list-style-type: none"> ● Birth certificate ● Social security card ● Drivers License ● Voters Registration Card ● Photo ID of any kind
Proof of Residence for every household member	<ul style="list-style-type: none"> ● Last three (3) Rent Payment Receipts ● Utility bills (with applicant name) ● Land tax payment receipts ● Notarized Letter Providing Room and Board ● School address of record for school age children ● Health/Clinic/doctor/church record for pre-school children ● Drivers license/post office statements, rent payment receipts, landlord statement, voters registration card
Proof of date of birth	<ul style="list-style-type: none"> ● Birth certificate for every member ● Social Security Card for every member ● Records from religious organization within 6 months of birth ● Census records ● Passport ● Records from Social Security Administration ● Military Service records ● Hospital or Physician records
Proof of citizenship status	<ul style="list-style-type: none"> ● U. S. Birth certificate ● U. S. Passport ● Permanent Resident Card (Entry Date prior to August 22, 1996) ● Naturalization papers ● US Citizen ID Card ● Certificate of Citizenship ● Voters registration card ● Qualified alien - various INS forms *****
Marital Status	<ul style="list-style-type: none"> ● Marriage Certificate ● Divorce Decree ● Death Certificate ● Legal Separation Agreement ● Declaration that they are single
Verification of Income	<ul style="list-style-type: none"> ● Employment Check stubs (6 if weekly, 4 if Bi-weekly) or Statement from employer on company letterhead indicating gross income FICA deductions, Tax deductions, and net income ● Notarized Self-employment statement ● Last filed income tax return (date stamped by IRB) ● Unemployment compensation award letter ● Pension Award letter and last four (4) retirement check stubs ● Veteran's administration award letter ● Social Security Administration award letter ● Child support payment copy of check or notarized statement from absent parent or court order
Any under 21 working and in school, need student status (full time or part time, High school or college)	<ul style="list-style-type: none"> ● School records and pay stubs

Verification of Resources	<ul style="list-style-type: none"> ● Bank books (All account information is required) ● Trust Account Records ● Life insurance policies ● Credit union statement ● Christmas club books ● Certificate of deposit ● Deeds for property ● Proof of vehicle ownership ● Notice of Decision from Dept. of Human Services ● Stocks ● Tax Assessor Property Bill ● Bonds
Health insurance	<ul style="list-style-type: none"> ● Medicare card or any other insurance card ● Medical Air Services Association (MASA) coverage confirmation letter ● School insurance for dependent children
Custody of minors	<ul style="list-style-type: none"> ● Affidavit of custody ● Foster parent letter from Dept. Of Human services ● Court order
Child Care	<ul style="list-style-type: none"> ● Child care payment receipts ● Letter of support
Pregnancy	<ul style="list-style-type: none"> ● Note from Physician stating expected date of delivery
Application under disability	<ul style="list-style-type: none"> ● Medicaid approved disability form
Nursing Home Applicant	<ul style="list-style-type: none"> ● Proof of transfer or property

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