



**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**

<b>NAME</b>	<b>D.O.B.</b>	<b>SEX</b>	<b>RELATIONSHIP TO APPLICANT</b>	<b>SOC. SEC. NUMBER</b>	<b>INCOME &amp; TYPE</b> (EARNINGS, CHILD SUPPORT, SOCIAL SECURITY, IN KIND, UNEMPLOYMENT)	<b>RESOURCES</b> (SAVINGS, CHECKING, PROPERTY)	<b>HEALTH INSURANCE PROVIDER</b>
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"> <li>● Birth certificate</li> <li>● Social security card</li> <li>● Drivers License</li> <li>● Voters Registration Card</li> <li>● Photo ID of any kind</li> </ul>
Proof of Residence for every household member	<ul style="list-style-type: none"> <li>● Last three (3) Rent Payment Receipts</li> <li>● Utility bills (with applicant name)</li> <li>● Land tax payment receipts</li> <li>● Notarized Letter Providing Room and Board</li> <li>● School address of record for school age children</li> <li>● Health/Clinic/doctor/church record for pre-school children</li> <li>● Drivers license/post office statements, rent payment receipts, landlord statement, voters registration card</li> </ul>
Proof of date of birth	<ul style="list-style-type: none"> <li>● Birth certificate for every member</li> <li>● Social Security Card for every member</li> <li>● Records from religious organization within 6 months of birth</li> <li>● Census records</li> <li>● Passport</li> <li>● Records from Social Security Administration</li> <li>● Military Service records</li> <li>● Hospital or Physician records</li> </ul>
Proof of citizenship status	<ul style="list-style-type: none"> <li>● U. S. Birth certificate</li> <li>● U. S. Passport</li> <li>● Permanent Resident Card (Entry Date prior to August 22, 1996)</li> <li>● Naturalization papers</li> <li>● US Citizen ID Card</li> <li>● Certificate of Citizenship</li> <li>● Voters registration card</li> <li>● Qualified alien - various INS forms *****</li> </ul>
Marital Status	<ul style="list-style-type: none"> <li>● Marriage Certificate</li> <li>● Divorce Decree</li> <li>● Death Certificate</li> <li>● Legal Separation Agreement</li> <li>● Declaration that they are single</li> </ul>
Verification of Income	<ul style="list-style-type: none"> <li>● 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</li> <li>● Notarized Self-employment statement</li> <li>● Last filed income tax return (date stamped by IRB)</li> <li>● Unemployment compensation award letter</li> <li>● Pension Award letter and last four (4) retirement check stubs</li> <li>● Veteran's administration award letter</li> <li>● Social Security Administration award letter</li> <li>● Child support payment copy of check or notarized statement from absent parent or court order</li> </ul>
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"> <li>● School records and pay stubs</li> </ul>

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

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