

## Provisional Medicaid Application Claim Form

**Please complete this form if you applied for Medicaid coverage over forty-five (45) days ago and have not been notified about whether you were approved or denied.**

Your Name (first, middle, last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Home Address (Check here if you are homeless)

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Mailing Address (If different from your home address) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone number (if you have one) \_\_\_\_\_ Email address (if you have one) \_\_\_\_\_

Date you applied for Medicaid Coverage \_\_\_\_\_  
(mm/dd/yyyy)

If additional household members applied for Medicaid Coverage, please list them here. Tell us the name (first and last), Social Security Number (SSN) or Medicaid ID# and Date of Birth (DOB) of those household members.

Name _____	SSN _____	DOB _____
Name _____	SSN _____	DOB _____
Name _____	SSN _____	DOB _____

How did you apply for Medicaid Coverage?

- Mail
- Fax
- Phone
- In-Person (Please check one of the following)
  - H St.  Taylor St.  Anacostia  Fort Davis  Congress Heights
- Online

Please sign and date below.

I have reviewed the information in this renewal claim form and I attest under penalty of perjury that it is true and correct. I understand if I willfully state that any material matter is true and I do not believe that it is true and it is in fact untrue, I may be subject to a fine, imprisonment, or both for perjury as described in D.C. Official Code § 22-2402 or false swearing as described in D.C. Official Code § 22-2405. I may also be subject to criminal and civil penalties for committing fraud in a public assistance program which could include repayment of benefits, fines, imprisonment, or all of the above as described in D.C. Official Code §§ 4-218.01, 4-218.02.

If you want an authorized representative or want to change the authorized representative, you have now, please call 1-855-532-5465 (TTY:711).

Check here if you are an authorized representative. Do not forget to sign below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Ways to submit your Claim Form

You can submit your completed claim form by fax, email or in person at a Service Center near you. If you wish to submit a claim by phone, you may call the Department of Human Services (DHS) Call Center at 202-727-5355

By Email: [DPO.Deputy@dc.gov](mailto:DPO.Deputy@dc.gov)

By Fax: 202.535.1122

In person:

**H Street Service Center**  
645 H St., NE  
Washington, DC 20002

**Fort Davis Service Center**  
3851 Alabama Ave., SE  
Washington, DC 20020

**Congress Heights Service Center**  
4001 South Capitol St., SW  
Washington, DC 20032

**Taylor Street Service Center**  
1207 Taylor St., NW  
Washington, DC 20011

**Anacostia Service Center**  
2100 Martin Luther King Ave., SE  
Washington, DC 20020