



State of Florida
Department of Children and Families



OFFICE OF ECONOMIC
SELF-SUFFICIENCY
MYFLFAMILIES.COM

ACCESS Florida Fax/Scanning Cover Sheet

Use this cover sheet to fax or scan documents to the ACCESS Florida Program.

- For **community partners, state agencies or organizations that help ACCESS customers** apply/reapply for benefits, please use a separate cover sheet for each customer you help.
- Please give us as much information as possible about the customer.
- Please write the customer's name on each piece of paper that is sent.
- Please **do not** send documents more than once.
- Customers may check their My ACCESS account after three days to confirm the document was received.

What is this for?

For **Application/Renewal**, please check this box ☐ ;

For **Reporting a change** on an approved case, please check this box ☐ **or**,

For **Medical Bills** to meet monthly share of cost, please check this box ☐.

Who is this for?

Web application/renewal/Change confirmation number:(if known): _____

Case Number (if known): _____

Customer's Name: _____ DOB: _____

Customer's Social Security Number: _____
(not needed if case or confirmation number was provided above)

What is being turned in? Please check all that apply

☐ **Application** – Paper Application – Medicaid/Medicare Buy-In Application – Interim Contact Form
- Screening for Expedited Medicaid Appointment Sheet

☐ **Identity Verification**

☐ **Legal/Court Documents**

☐ **Medical Records/Bills**

☐ **Income verification**

☐ **Asset Verification**

☐ **Household expenses –**

☐ **Other or Comments:**

From: _____ Organization (if any): _____ Phone #: _____

To (if known): _____ Number of Pages: _____