



Name: _____

Date of first request: _____

The Doctors Care Program needs the following documentation before your application can be processed and completed. Please mail or drop off **all the requested documentation within a maximum of 14 days** to our office at 609 W. Littleton Blvd, Ste. 100, Littleton, CO 80120. You may also fax to (720) 458-6177 or email program@doctorscare.org . If you have questions, please call us at (720) 458-6200.

1. ___ Completed application (both sides) (2 pages for renewal or 4 pages for intake)
2. ___ Completed "How are you feeling today?" (both sides)
3. ___ Completed "Medical History" (both sides)
4. ___ Initialed and signed "Contract for Participation" (both sides)
5. ___ Release of Information form signed and dated (HIPAA)
6. ___ Authorization to disclose PHI (both sides)
7. ___ THREE MONTHS of pay stubs (or all pay stubs if you have been working less than three months)
8. ___ THREE MONTHS of Profit and Loss records if self-employed
9. ___ THREE MONTHS of detailed checking and savings account statements for all adult family members
10. ___ THREE MONTHS medical bills (for intake only)
11. ___ THREE MONTHS of any medical payments made, NOT including Doctors Care copays
12. ___ THREE MONTHS of daycare (while parent works) or child support payments
13. ___ Last year's tax return or 1040
14. ___ Proof of the amount awarded for: unemployment, pension, food stamps, social security, subsidized housing, child support received, education grants or any other income.
15. ___ Statements for all stocks, bonds, land, cash value of life insurance, IRAs, 401Ks, etc.
16. ___ Proof of current rent or mortgage statement (i.e. copy of lease, canceled check, copy of rent receipt)
17. ___ Letter from friend or family member you live with describing how much, if any, rent you pay to them or "Residence Confirmation" form
18. ___ Proof of address (i.e. copy of lease, utility or phone bill in your name)
19. ___ Letter from friend or family member designating any financials support he/she gives you or "Confirmation of Paid Living Expenses" form
20. ___ Proof of higher education tuition payments or student loan payments
21. ___ Proof of your Medicaid/CHP+ application and their reply
22. ___ Copy of photo ID for everyone 18 and older
23. ___ OTHER: _____