STATE OF RHODE ISLAND P.O. BOX 8709 CRANSTON, RI 02920-8787

RI RESIDENT

123 MAIN ST CITY, RI 12345



Date : 10/01/2023 Account Number :



#### Manage Your Benefits:

Download the **HealthyRhode Mobile App** in the App Store<sup>®</sup> or on Google Play<sup>®</sup> to manage your benefits from your phone.

Visit our website <u>https://healthyrhode.ri.gov</u> to manage your benefits online. To only receive notices electronically, use the **Go Green** option on the My Profile page.

## Additional Documentation Required

## Why am I getting this Notice?

We need you to submit additional documents to determine your eligibility or keep your benefits for Medicaid. The table below has the details on what you need to provide.

If you do not provide the requested information by the due date below, you may get less benefits, your benefits will end, or your application will be denied.

### What document (s) do I need to send?

The table below will show you the documents you need to provide and when they are due. If the same document is needed for more than one program, you only need to send one copy. Visit the website or scan the QR code below to see a list of documents you can submit.

#### DO NOT PROVIDE ORIGINAL DOCUMENTS

Who is this for?	What information is needed?	What types of documents can I provide? (Choose 1 of the below documents for each piece of information needed)	When is this due?
RI RESIDENT	Employment or Self-Employment Income	For your employment/job • Income Tax Return • Earnings Statement	11/01/2023 (Medicaid)

Please provide the requested documents as soon as possible but before the due date(s) to avoid an interruption or delay in your benefits. Once we receive them, if we have any questions or need additional information, we will contact you. Please go to https://dhs.ri.gov/apply-now/acceptable-documents or use the QR code to the right to view a full list of acceptable documents.



For more information visit <u>https://healthyrhode.ri.gov</u> Para más información visite <u>https://healthyrhode.ri.gov</u> Para mais informações visite <u>https://healthyrhode.ri.gov</u>



DHS-3503 (Rev.09/15/2023) RI UHIP IES

	How	/ do I send my docum	ents?						
1.	Gather the requested documents and take pictures (for mobile or web submission) or make copies (for mail or drop off submission) of the documents. If you do not have any of the documents listed, please visit https://dhs.ri.gov/apply-now/acceptable-documents or scan the QR code to the right for a full list of acceptable documents you can provide.								
	prov	have the option to select a "Rea iding documents. This option ca account at healthyrhode.ri.gov.							
<i>Reminder:</i> Please send only copies of your documents. Please do NOT send originals. We cannot return original documents to you.									
2. Send the documents to us by using one of the 4 options below by the <b>Due Date(s)</b> listed in the table above. Please remember to include the QR code sheet(s) included with this notice if you are mailing or dropping off copies of your documents.									
	•	<b>Upload</b> files/photos of your documents on the HealthyRhode Mobile App.	www.I	www.hea	your account at Ithyrhode.ri.gov a nts link to upload yo		v/Upload		
	$\bigcirc$	Mail document copies to STATE OF RHODE ISLAND P.O. BOX 8709 CRANSTON, RI 02920-8787	¢	document box or off locations visit	or bring copies of ts to the most conve ice/scanning center scan the QR code to ns.ri.gov/about-us	enient drop r. For full list of to the right or			
on the baservices, EOHHS/I these nor	asis of ra employm DHS does n-discrimin rd Ave, Bl	ce of Health and Human Services ( ce, color, national origin, disability nent or treatment, in its education not discriminate on the basis of s nation laws, regulations and compl dg. 57, Cranston, RI 02920, telepho	y, political b n and other exual orienta aint procedu	peliefs, age, r program ation, gende ires for reso	religion or gender i activities. Under oth er identity or expressi plution of complaints	n acceptance for er provisions of ion. For further in of discrimination,	or provision of applicable law, formation about contact DHS at		
For mor	e informa	tion about your rights and responsi	bilities, plea	se scan the	QR codes or visit the	e websites below:			
For health coverage programs: https://healthsourceri.com/wp-content/uploads/ HealthSource-RI_NonDiscrimination-Policy.pdf				https://c	h and human service Ihs.ri.gov/Programs ment.php				
•	HealthSou I <b>f you ha</b> v	ncerns: /e questions about affordable he irce RI at 1-855-840-4774. /e questions about health and hu ntact the Department of Human Ser	ıman servic	es progran	<b>ns,</b> such as SNAP, R	IW, CCAP, LTSS			

• **TTY**: 1-800-745-5555

# Mail/Drop-Off QR Code Sheet



## **RI RESIDENT**

# You must return this page with copies of documents verifying the following:

# **Information Needed:**

• Employment or Self-Employment Income

