



Cover Sheet for MNCAA Contractors

Mail or fax to: DHS Resource Center, P.O. Box 64989, St. Paul, MN 55164-0989. Fax: (651) 431-7572

From:						
AGENCY					MNCAA ID NUMBER	
ADDRESS		CITY			STATE	ZIP CODE
AGENT'S NAME	NUMBER EMAIL ADDRESS			l		
Re:						
HOUSEHOLD NAME			DATE OF APPLICATION		COVERAGE BEGIN DATE	
ADDRESS		CITY			STATE	ZIP CODE
The following required documents are enclosed: Signed Permission to Share Information form Proof of citizenship or immigration status Need MN birth verification for: Signed release for out-of-state birth verification for: Immigration documents pending for: Proof of identity Proof of pregnancy N/A Proof of income N/A Proof of assets N/A Additional documents included: Health insurance documents Employer subsidized insurance forms Documents supporting good cause Child support documents Court orders Other as listed:						
AGENT'S SIGNATURE						DATE