

Read this **list** and **send copies of proofs with your application**. If you do not send all proofs, we cannot act on your application.

### Proof of family income

Send proof of income for:

- each child who is applying
- parents who live with those children
- each pregnant woman who is applying
- the pregnant woman's husband if he is living with her
- parents of pregnant women under 21 if living with her

If the person gets a salary or is paid by the hour:

- send copies of pay stubs for the last 4 weeks, **or**
- send a letter from the employer, on letterhead, giving the hours worked and the person's gross wages for the last 4 weeks

If the person is self-employed:

- send the most recent income tax return with all pages, **or**
- send the most recent Profit and Loss statement, signed and dated if in business less than one year

Other income:

- send most recent income tax return, receipts or other proof that shows income from rent, royalties, boarders or any other kind of income
- send a copy of a letter, bank statement, or check stub that gives the amount of any benefits, such as Social Security, Unemployment, Alimony, Veterans Administration, Workers' Compensation

### Proof of New Hampshire residence (only if changed)

Send a copy of **ONE** of the following that shows your street address (not P.O. Box), for example:

- a lease, rental agreement, or rent receipt
- an electric, cable, heating fuel or telephone bill
- a property tax bill
- current motor vehicle registration

If you do not have a permanent address, you may still get coverage. Please call 1-877-464-2447 for help.

### Proof of expenses

Child or spousal support that the court ordered:

- send a copy of the signed court order, **or**
- send a letter from the court or from your lawyer saying that you have a support order and how much the support is

### Proof of pregnancy

Send a letter or medical form signed by a doctor or other licensed medical practitioner saying you are pregnant and giving the due date and number of babies due.

### Proof of health insurance (only if changed)

If any child or pregnant woman has insurance now, or has been insured in the past six months, please send:

- a letter saying when the coverage stopped, **or**
- an official paper from the insurance company showing the policy number, the name of the policy holder, who is covered, and for what time they are covered, **or**
- a copy of the current insurance card

### Do you need medical coverage for another child?

If you would like to request medical coverage for a child not currently receiving it, we will need the following proofs from you for each additional child for whom you need coverage:

- age
- immigration or citizenship status
- statement of the child's relationship to you

**IMPORTANT:** Please do not send original documents. Send copies only!

★ **Mail your application** and all proofs to NH Healthy Kids Corporation, 1 Pillsbury Street, Suite 300, Concord NH 03301-3556. Use the envelope that came with this application.

**Need Help?**

Call **1-877-464-2447** You can call Monday to Friday, 8:00 am to 4:30 pm.  
The call is free. **TDD:** 1-800-735-2964