



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



HUSKY Health Application Checklist

When applying for HUSKY health coverage, applicants should include the following information for themselves and anyone in their household:

	<u>Provided</u>	<u>Still Needed</u>
1. First and Last Name	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>
3. Connecticut Address	<input type="checkbox"/>	<input type="checkbox"/>
4. If applicable, Social Security Number(s)*	<input type="checkbox"/>	<input type="checkbox"/>
5. Income information	<input type="checkbox"/>	<input type="checkbox"/>
6. If applicable, other healthcare coverage information	<input type="checkbox"/>	<input type="checkbox"/>

If information provided cannot be verified electronically, the Department of Social Services (DSS) and Access Health CT may ask for documentation. Eligible applicants will be given a 90-day, post enrollment, reasonable opportunity period to send in verification document(s).

The letter from DSS and Access Health CT will indicate the type of information needed to continue enrollment. If the applicant is unable to provide the requested verification document(s) or feels the item requested does not apply to their situation, they may contact Access Health CT Customer Service at 1-855-805-4325 for help. More information about acceptable forms of verification can be found at [Help With Your Verifications - Access Health CT](#) and [Guide to Verification of Information for DSS Programs \(Publication 06-13\)](#)

Documents may be submitted online through www.accesshealthct.com or copies mailed to: PO BOX # 670, Manchester, CT 06045-0670

*Not required for State HUSKY A or State HUSKY B