

Submitting a Renewal

Renewals are important because they help individuals and families continue receiving the benefits they need while verifying that they still meet eligibility requirements.

Follow these steps to complete a renewal online!



Info

If your MyAccount is linked to your client ID and your renewal is due in 40 days, you will see a link on your MyAccount homepage to renew online.

Step 1.

Go to <https://www.connect.ct.gov>

Step 2.

In the "MyAccount" box on the right side of the webpage, click "Access Now" and log in to go to your MyAccount homepage.

ConneCT.Home > Login

[¿Habla español?](#) | [Print](#) | [Page Help](#)



Login

Please Note: If you do not have a ConneCT account, but you already have an Access Health CT account, you must use the same User ID and password to login.

MyAccount

Securely access your account and view information about your DSS benefits.

ACCESS NOW

New to ConneCT?
[Create an Account](#)

MyAccount Login

* User ID

* Password

LOGIN

[Forgot User ID or Password?](#)

Step 3.

When on the MyAccount homepage, select "click here" in the "Renewals" section.



MyAccount

Case Information

Case Number : 200323729

PRINT PROOF OF BENEFITS
/ BUDGET SHEET

Client Name: Holly Molly

Client ID: 350132221

Client Address:

Holly Molly
1234 Main St
Hartford, CT 06103-1229
Home Phone:
Cell Phone: 855-626-6632

Report Changes

To report a change on this case, [click here](#).

Renewals

Your Medicaid for Elderly or Disabled Adults benefits need to be renewed by March 31st, 2025.

To Renew your benefits, [click here](#).



Benefits Summary

For more information about your benefits, click the  icon.

Medical Benefits	EDG Head of Household	Details
Medicaid for Elderly or Disabled Adults	Holly Molly	

Step 4.

Read the "Benefits Renewal Overview" section to find important information before you start your online renewal. This section will also tell you which benefits you can renew online.

ATTENTION!
If you speak another language, language assistance services, free of charge, are available to you.
Call 1-855-626-6632 or TTY: 1-800-842-4524.



Benefits Renewal Overview

Benefits Renewal Overview

Before you get started on your renewal, there are a few things you should know:

- If you do not finish the process, your renewal information will not be saved.
- The more complete your information is when you submit it, the less information a worker will have to ask you about later.
- We may contact you for proof of the answers you give.
- If you submit your renewal after 4:30 p.m. or on a weekend or holiday, we will receive it on the next business day.
- If you have recently done a renewal online or in person, please do not submit another one for the same program.
- If you have started your Renewal in MyDSS, please submit it through MyDSS.
- The renewal process must be completed in order for your benefits to continue.



Benefits to Renew

The following are the benefits that you can renew.

Benefits	Renewal Due Date	Benefit End Date
Medicaid for Elderly or Disabled Adults	04/05/2025	04/30/2025

Spanish (Español):
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Lláme al 1-855-626-6632 (TTY: 1-800-842-4524).

Chinese (繁體中文):
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
請致電 1-855-626-6632 (TTY: 1-800-842-4524)。

Vietnamese (Tiếng Việt):
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 1-855-626-6632 (TTY: 1-800-842-4524).

Korean (한국어):
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-626-6632 (TTY: 1-800-842-4524) 번으로 전화해 주십시오.

Tagalog (Filipino):
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa 1-855-626-6632 (TTY: 1-800-842-4524).

Russian (Русский):
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 1-855-626-6632 (телефакс: 1-800-842-4524).

Creole (Kreyòl Ayisyen):
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.
Rele 1-855-626-6632 (TTY: 1-800-842-4524).

Hindi (हिंदी):
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-800-855-6632 (TTY: 1-800-842-4524) पर कॉल करें।

French (Français):
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-855-626-6632 (TTY: 1-800-842-4524).

Polish (Polski):
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.
Zadzwoń pod numer 1-855-626-6632 (TTY: 1-800-842-4524).

Portuguese (Português):
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.
Ligue para 1-855-626-6632 (TTY: 1-800-842-4524).

Italian (Italiano):
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.
Chiamare il numero 1-855-626-6632 (TTY: 1-800-842-4524).

Albanian (Shqip):
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.
Telefononi në 1-855-626-6632 (TTY: 1-800-842-4524).

Greek (ελληνικά):
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν.
Καλέστε 1-855-626-6632 (TTY: 1-800-842-4524).

Arabic (العربية):
ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-855-626-6632 (رقم هاتف الصم والبكم: 1-800-842-4524-1)

CANCEL & EXIT

NEXT >>

Click "NEXT, when done with your review.

Step 5.


You will answer questions about your household first. Then, move on to sections about income, assets, and expenses.

1% Complete

Start **Income** **Assets** **Expenses** Finish & Submit

Review Your Household Member(s) Information

Here is the information we have for your household.

If you would like to change your information, click on 

If you would like to add information, click on 

If you would like to remove the information you have added, click 

If there are no changes to the information in a section, click the no change check box.

As you finish each section of the renewal, watch the completion bar grow to show your progress.

Completing This Renewal

<i>Who is completing this renewal?</i>	<i>Edit</i>
Test Case	

* If there are no changes to the information above, check here:

Need for Accommodation or Extra Help

Do you need a reasonable accommodation or extra help getting benefits because of a disability or impairment?

Accommodation information on File: You have not requested an accommodation or extra help.

* If there are no changes to the information above, check here:

Make changes or new requests here

Enter Text Here

Authorized Representative

You told us that you do not have an Authorized Representative. Click the Add button to enter information.

To add an Authorized Representative please choose the type of representative and, click the Add button.

Type:

< click here to choose >

* If there are no changes to the information above, check here:

Add

You may enter text about a change, click the "Add" button for new information, or place a check in the checkbox if there are no changes to the information DSS already has.

Head of Household Information

<i>Head of Household's Name</i>	<i>Phone Number(s)</i>	<i>Primary Language</i>	<i>Interpreter Needed?</i>	<i>Edit</i>
Test Case	8556266632	English	No	

* If there are no changes to the information above, check here:

Address


<i>Address Where You Live</i>	<i>Mailing Address</i>
1234 Main St Hartford, CT 06103-1229	Same as home address

If you recently moved, please click the New Address button

* If there are no changes to the information above, check here:

New Address

More About You (Head of Household)

<i>Name</i>	<i>Date of Birth</i>	<i>Marital Status</i>	<i>Do you have a disability, blindness, or impairment?</i>	<i>Does this affect your ability to work?</i>	<i>Edit</i>
Test Case	01/03/1958	Never Married	No		

* If there are no changes to the information above, check here:

After you finish each section, click "NEXT" to move forward and save your answers.

CANCEL & EXIT

PREVIOUS

SAVE & EXIT

NEXT

Step 6.

Before you submit the renewal, you will scroll through the section starting with a review of the certifications and signature section.

[ConneCT Home](#) > [MyAccount](#) > Renew

[¿Habla español?](#) | [Print](#) | [Page Help](#)

100% Complete

Start Income Assets Expenses Finish & Submit



Signing Your Renewal

You're just a few minutes away from submitting your renewal. To do so, you'll need to:

- Read the Certifications and Signatures we have listed below.
- In the Electronic Signature section, check the signature box, type your name to sign your renewal and click the Submit button.
- If you are not ready to submit your renewal, click the Save & Exit button.

CERTIFICATIONS AND SIGNATURES

I have read this form, including the rights and responsibilities provided with this form, or have had it read to me in a language that I understand.

I understand and certify that I continue to be bound by the rights and responsibilities provided with this form, and as are set forth in law.

I certify under penalty of perjury that all of the information given on this form is true and complete to the best of my knowledge.

I certify that I have specific knowledge of the identity of all children for whom I am asking for help on this form and that the information I gave about these children is accurate to the best of my knowledge.

I certify that I and everyone for whom I am applying for help is either a United States citizen or a non-citizen for whom I have provided true and accurate (correct) information.

I certify that the information I gave concerning the felon status of members of my household is complete and accurate.

I understand that I can be criminally or civilly prosecuted under state or federal law if I knowingly give incorrect information or fail to report something I should report.

I authorize DSS to contact other persons or entities as needed to help prove that I am eligible.

I authorize DSS to verify any information given on this form.

Any person who helped you complete this form or completed this form for you must also sign.

Permission To Share Information

I permit the Department of Social Services to share information about my renewal with the following individuals, agencies or institutions:

Name: Address: Telephone Number:

Name: Address: Telephone Number:

"Permission To Share Information"

Use this section to write the names of the people you allow DSS to share your renewal information with. This may be an individual, agency or institution.

Then, you will be presented with the option to register to vote.

DO YOU WANT TO REGISTER TO VOTE?

Federal and State laws require the Department of Social Services (DSS) to give you the chance to register to vote. Please answer the questions below and print and sign your name in the space given.

• Are you registered to vote?

- Yes, I am already registered
 No

• If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- Yes
 No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Next, look at the "Rights and Responsibilities" section.

Rights and Responsibilities

Information received from the DSS may affect my household's eligibility and level of benefits.

- I will cooperate with state and federal personnel in Quality Control Reviews.
- DSS may disclose information about me and members of my family or household who are receiving benefits from DSS to identify other services or benefits that I may be eligible for, or to verify my eligibility for such services or benefits. DSS may share this information with: (1) state government agencies such as the Department of Public Health to see if I may be eligible for the Women, Infants and Children (WIC) program, the Office of Early Childhood to see if I may be eligible for childcare assistance, or the Department of Revenue Services to see if I may be eligible for tax credits; (2) utility companies to see if I am eligible for hardship status or discount rates; and (3) non-profit organizations partnering with the state to offer services such as SimplifyCT for the purpose of providing free tax preparation assistance. While entities that receive information from DSS may not be covered by certain federal confidentiality laws, I understand that DSS will only disclose the minimum amount of information needed to identify services or benefits I may be eligible for or to verify my eligibility for such services or benefits, and that DSS prohibits these entities from redisclosing, selling, or using my information for any other purpose. I can tell DSS not to share my information with these entities at any time by going to <https://portal.ct.gov/dssoptout>, which shall be effective immediately, except to the extent that information may have previously been shared. If I tell DSS not to share my information, it will not have any effect on my eligibility for any DSS



FIRST, SCROLL DOWN AND READ THE "RIGHTS AND RESPONSIBILITIES" SECTION.

Signature Declaration

Electronic Signature

I agree to submit this renewal by electronic means. By signing this renewal electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Applicant's or Conservator's Signature

By checking this box and typing my name below, I am electronically signing this renewal

First Name: Middle Initial: Last Name: Suffix:

Power of Attorney's Signature

By checking this box and typing my name below, I am electronically signing the renewal as Power of Attorney.

First Name: Middle Initial: Last Name: Suffix:

Authorized Representative's Signature

By checking this box and typing my name below, I am electronically signing this renewal as a Representative of the recipient.

First Name: Middle Initial: Last Name: Suffix:

I certify that the recipient was informed of his/her responsibility to complete this renewal, and that his/her signature could not be obtained for the following reason(s):

Helper/Interpreter's Signature

By checking this box and typing my name below, I am electronically signing the renewal as a Helper or Interpreter of the recipient.

First Name: Middle Initial: Last Name: Suffix:



THEN, SIGN THE RENEWAL FORM ELECTRONICALLY. MAKE SURE TO MARK YOUR ROLE WHEN SIGNING.

Once you have reached the end, click "NEXT" to review the "Verification Checklist and Document Submission" section.

Step 7.

This section will show you what document(s) DSS needs based on the information you gave in the renewal.

Verification Checklist and Document Submission

Online Submission ID: R7000560070
 Submission Date: 03/11/2025 12:48PM
 Renewal Receive Date: 03/11/2025

The table below shows you which proofs you may need to submit to complete the renewal process. The information you provided may require verification. This list includes proofs you may have and/or links to DSS forms. NOTE: Asset verifications varies by program. For complete verification requirements, please review the program brochures.

[Program Brochures](#)

Verification Documents

Category	Sub-Category	Household Members	Proofs
Address	Residence	Holly Molly	Post Office record OR Recent Mail OR Utility Bills

What is Verification?

Verification is paperwork that DSS customers provide to help confirm the information they give on applications, when reporting changes, and when renewing benefits.

Not sure about the program verification requirements? Check the "Program Brochures" link for more information.



Success

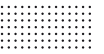
You can view your online submission from your MyAccount homepage too!



SENDING DOCUMENTS TO DSS

BY MAIL OR ONLINE

You can send documents to the Department of Social Services (DSS) in a way that works best for you—by mail or online. If you mail them, using the coversheet, this helps make sure they go to the right place faster. Sending them online is quick and easy, letting you upload your documents from anywhere.



BY MAIL

Follow the directions on the page to send your documents by mail. Make sure to include a coversheet with your proofs.

Start - Collect all the documents you need to send DSS.

Next - Print a cover sheet.

Then - Put the cover sheet and all your documents together, then send them through U.S. mail.

Submit Documents by Mail

To send proofs through U.S. mail, print a cover sheet by clicking the [Cover Sheet](#) button below.



Note: Failure to include a coversheet will delay the processing of your renewal.

The cover sheet provides the DSS mailing address.

Enclose this cover sheet with all your proofs.

[Cover Sheet](#)



ONLINE


Follow the directions on the page to upload your documents online.

Start - Click "Browse" to locate the file to upload. Make sure the documents you want to upload are saved on the device you are using.

Submit Documents Online

To upload proofs online, please locate the electronic copy on your computer by clicking the **Browse** button below.

Select the document type from the selection box.

 **Please note:** You may only upload documents in the following formats: TIFF, PDF, BMP, JPEG, JPG or PNG. You may only upload one document at a time.

You may view your uploaded documents in the **Uploaded Documents** section at the bottom of this page.

File Name:

Document Type:

Browse

Upload

Next - From the "Document Type" drop-down menu, choose the option that best matches the file you are uploading.

Submit Documents Online

To upload proofs online, please locate the electronic copy on your computer by clicking the **Browse** button below.

Select the document type from the selection box.

Please note: You may only upload documents in the following formats: TIFF, PDF, BMP, JPEG, JPG or PNG. You may only upload one document at a time.

You may view your uploaded documents in the **Uploaded Documents** section at the bottom of this page.

File Name:

Document Type:

Browse

Upload

Document Type dropdown menu options:

- < click here to choose >
- Adoption Papers
- Alien Registration Card
- Annuities and Your Elig for LTC Medical Services
- W-1E Application
- W-1E Application (Spanish)
- Bankbook/passbook
- Birth Certificate
- Brokerage Statement
- Business Record (self-employment)
- Canceled Checks
- Connecticut Document
- Copy of Current CS Check
- Copy of Prior Medical Bill
- Court Order
- Court Records
- Current alimony check
- Current Bank or Credit Union Statement
- Current lease**
- Current pension check
- < click here to choose >

Then - Click "Upload" to attach your proof(s).

Next - If document(s) were successfully uploaded, a confirmation message will appear.



The document was loaded successfully. Please note that documents are NOT submitted to DSS until you click 'Submit' below.

Then - You will see a list of all the documents you've uploaded. When you're done uploading, click "Submit," and DSS will get your documents.

Document Type	File Name	Remove
Other	SNAP Benefit- Proration Formula.pdf	



Note

Repeat steps 1 to 3 for every type of document you are sending.

Finally- A message will pop up that says, "You have successfully submitted your uploaded documents," with a green flag to show your upload was successful.



You have successfully submitted your uploaded documents.

Step 8.

Once all your documents have been mailed or uploaded to DSS, you have completed the online renewal process. Now, just wait for a call or letter from DSS in the mail explaining what to expect next.