To be reproduced on Agency letterhead

Case Name _____

Case Number _____

VERIFICATION OF NEW ADDRESS

The U.S. Postal Service returned the enclosed mail that we sent you with a forwarding address. You must verify that this is your new address. If you confirm your new address, we can transfer your Medicaid case to your new district.

The Post Office has informed us that your new address is:

_____
_____
_____

To verify your new address, please check the box below and sign and return this letter by _____. If the address shown above is not correct, please make changes to it.
(Date)

☐ Yes, the address shown above is my new address.

To help us transfer your Medicaid case to your new district, please tell us who moved with you:

_____
_____
_____

If you do not want your Medicaid to continue, please check the box below and sign and return this letter by _____.
(Date)

☐ I do not want Medicaid to continue. Please close my case.

_____

_____ _____
(Signature) (Date)