



# CADAP Required Documentation Checklist

<b>IDENTIFICATION/RESIDENCY</b> – One or more of the following documents with name and address included are needed	
	Documents from Govt agency (Medicare, Social Security, Veterans' Affairs )
	Mortgage statement or lease agreement (most recent)
	Utility bills (electric, water, gas, phone, cable, etc.) within last 30 days
	Photocopy of valid, unexpired CT Driver's License or CT Non- Driver ID Card
	Photocopy of valid, unexpired CT Department of Motor Vehicles issued Identification card
	Ryan White Case Manager attestation of homelessness dated within 30 days (use Attestation form)
	Community Service Agency Residency Attestation of homelessness dated within 30 days (use Attestation form)
	Property Tax Bill

<b>OTHER PRESCRIPTION INSURANCE</b> -If applicable	
	Front and back of all active prescription insurance cards
	Copy of termination letter from insurance company (if applicable)

<b>HIV ATTESTATION (NOTE: New Enrollees – Please provide One of the following)</b>	
	Completed and signed Magellan HIV Attestation Form
	Lab results (Western blot or results showing detectable viral load)
	Letter or discharge paper with diagnosis from medical provider
	CD4 and Viral Load Counts- <b>RENEWAL APPLICANTS ONLY</b>

<b>INCOME</b> -One or more of the following documents are needed	
	Employed with Salary/Wages – <i>*Attached Paystub dated within last month</i>
	Self-Employed <i>*Attach last year's income tax return and all Tax Forms &amp; Schedules and Declaration of Self Employment Form*</i>
	SSA (Social Security Retirement Benefit) <i>*Attach award letter and/or bank deposits for last two months</i>
	SSI (Supplemental Security Income) <i>*Attach award letter and/or bank deposits for last two months</i>
	SSD (Supplemental Security Disability) <i>*Attach award letter and/or bank deposits for last two months</i>
	Alimony/Child Support
	Unemployment Compensation
	Interest/Dividends/Royalties
	Workers' Compensation
	Pension
	Rental Property
	Veterans' Benefits
	Zero Income – must be accompanied by Zero Income Affidavit or Signed attestation letter

<b>APPLYING FOR PREMIUM ASSISTANCE?</b>	
	Front and back of all active prescription insurance cards
	Copy of latest premium statement from insurance
	If employer insurance, address where to send payments to

**Enrollment forms and other required documentation can be sent in the following ways:**

**By Mail:** State of CT Department of Public Health  
c/o Magellan Rx Management  
P.O. Box 13001  
Albany, NY 12212-3001

**By Email:** Submit forms to [CTDPHMRxEnroll@primetherapeutics.com](mailto:CTDPHMRxEnroll@primetherapeutics.com)

**By Fax:** 800-424-7642

**Complete Application online at:** <https://ct.mrxenroll.magellanrx.com>

**For any additional enrollment questions, please contact Magellan at 800-424-3310.**