



Minnesota Department of Human Services

Minnesota Health Care Programs

# MA and MinnesotaCare Worker Verification Checklist



CASE NAME	CASE NUMBER	<input type="checkbox"/> Application <input type="checkbox"/> Renewal	DATE
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## Household

Name	Covered	MPET	Begin date	HH size	SSN	U.S. Citizenship*	Identity*	Immigration
	<input type="checkbox"/> MA <input type="checkbox"/> MinnesotaCare				<input type="checkbox"/> N/A <input type="checkbox"/> Provided <input type="checkbox"/> Exempt	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Exempt – reason:	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Exempt	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Undocumented Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> MA <input type="checkbox"/> MinnesotaCare				<input type="checkbox"/> N/A <input type="checkbox"/> Provided <input type="checkbox"/> Exempt	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Exempt – reason:	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Exempt	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Undocumented Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> MA <input type="checkbox"/> MinnesotaCare				<input type="checkbox"/> N/A <input type="checkbox"/> Provided <input type="checkbox"/> Exempt	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Exempt – reason:	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Exempt	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Undocumented Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> MA <input type="checkbox"/> MinnesotaCare				<input type="checkbox"/> N/A <input type="checkbox"/> Provided <input type="checkbox"/> Exempt	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Exempt – reason:	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Exempt	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Undocumented Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> MA <input type="checkbox"/> MinnesotaCare				<input type="checkbox"/> N/A <input type="checkbox"/> Provided <input type="checkbox"/> Exempt	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Exempt – reason:	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Exempt	<input type="checkbox"/> N/A <input type="checkbox"/> Verified <input type="checkbox"/> Undocumented Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No

## Income

Name	Earned income	Unearned income	Type(s)	Frequency
	<input type="checkbox"/> N/A <input type="checkbox"/> Verified	<input type="checkbox"/> N/A <input type="checkbox"/> Verified		
	<input type="checkbox"/> N/A <input type="checkbox"/> Verified	<input type="checkbox"/> N/A <input type="checkbox"/> Verified		
	<input type="checkbox"/> N/A <input type="checkbox"/> Verified	<input type="checkbox"/> N/A <input type="checkbox"/> Verified		
	<input type="checkbox"/> N/A <input type="checkbox"/> Verified	<input type="checkbox"/> N/A <input type="checkbox"/> Verified		
	<input type="checkbox"/> N/A <input type="checkbox"/> Verified	<input type="checkbox"/> N/A <input type="checkbox"/> Verified		

\* Individuals receiving or who previously received SSI, SSDI, Medicare (or entitled to Medicare), non-IV-E or IV-E foster care or IV-E adoption assistance are exempt from requirement to document U.S. citizenship and identity.

