*Note: The specific information needed will be different for each case but please ensure that the language at the beginning and the end of the notice is copied as written into an N011 notice. The attached notice verbiage also does not have the wording for every possible MAGI Medicaid pend reason. Remember to refer to your Medicaid manual to determine if MAGI policy allows client statement rather than requesting additional verification from the household. The policy regarding a partial month’s income for a job start or job end is the same as before MAGI Medicaid. The required information needed will be sought from the employer before we request the information from the household.*

Your Medicaid application received in our office on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ is being held because we need more information or proof. Please give us the items listed at the bottom of this notice by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or your application will be denied.

If you had any changes in your income or household size since you applied, report them within ten days of the change.

* Were you in foster care in the State of Alaska and receiving Medicaid at the age of 18?
* Does anyone in your household expect to be required to file a tax return for the current filing year? If yes, who?
* Are you filing a joint tax return? If yes, with whom?
* If you are filing a tax return, please list any tax dependents you will claim.
* Do you or anyone in your household expect to be claimed as a tax dependent by someone that does not live with you? If yes, list the household member and the tax filer who is claiming them
* On your tax return, do you expect to have any federal tax deductions such as student loan interest, alimony, or child support? If yes, who is paying, how much, and what type?
* Proof of expenses allowed as part of your tax return such as alimony or student loan.
* Proof of all income from a job or other source received by your household including wages, Social Security payments, Veterans benefits, and self-employment. Some examples are: current paystubs, tax return, or a statement from your employer that tells us your gross monthly income.
* If anyone in your home is pregnant provide an estimated due date and the number of babies expected.
* Proof of relationship to other people in your household.
* If anyone in your home has health insurance provide the name of the insurance company, their address, the group number, and who in your family is covered.

This action is supported by MAGI Medicaid manual section 823 and federal and state regulations at 42 CFR 435.952 and 7 AAC 100.016.