



ENROLL DEKALB COUNTY !!

WE ARE HERE TO HELP YOU!!

2550 N. Annie Glidden Road · DeKalb, IL 60115

For assistance in enrolling in Medicaid or the Illinois Healthcare Marketplace call the DeKalb County Health Department In-Person Counselor Program for an appointment @ 815-748-2404



www.enroll.dekalbcounty.org

Project made possible through a grant from the Illinois Department of Public Health



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❖ Please bring the following

- Citizenship**—US passport, certificate of US citizenship, certificate of naturalization, or document from a federal Indian tribe
OR
 1 from each column

<ul style="list-style-type: none"> ▪ Driver's license ▪ State issued ID card ▪ School ID ▪ US military ID ▪ US military dependent card ▪ Other government ID ▪ For children under age 16, school or daycare records, or parent signature 	<ul style="list-style-type: none"> ▪ Certified copy of birth certificate from state/ county ▪ Final adoption decree ▪ Official military record that shows a place of birth ▪ Papers showing the person was employed by the US government before 1976
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❖ Please also bring any of the following applicable documents that will assist us in completing your application

- Social security card or receipt for application for a SSN**
- Relationship to child and/or spouse**—adoption record, birth certificate, marriage license/ certificate
- School attendance record or verification**
- Residence**—IL driver's license, utility bill, homeowner's insurance, rent/ mortgage receipt
- Disability**—medical records, receipt of SSI, SSD or other disability benefit
- Pregnancy**—signed statement from Doctor or nurse with expected delivery date and number of babies; will also accept dated ultrasound picture
- Medicare**—award letter, Medicare card
- Living with parent or relative**—proof of child living with a parent or relative caregiver
- Liquid assets**—bank statement or other acceptable document
- Non-liquid assets**—sales documents, payment of tax records, legal documents, bank statement, award letter
- Earned income**—employer statement, last 30 days of check stubs
- Unearned income**—statement showing income received in last 30 days, grant or award letters
- Rental property**—recent rental receipts, current lease or rental agreement
- Medical expenses**—client statement for medical transportation, health insurance policy or premium
- Expenses (other)**—leaser/ rent statement, utility statement, current bill or cancelled check

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