# SOONERCARE APPLICATION

## DOCUMENTS

Below is a list of the types of documentation that you can provide to determine if you or household members qualify for SoonerCare when requested. Please provide the documents by the date in the notice you received from SoonerCare. Do not send originals, they will not be returned. Send readable copies for proof.

If you do not have any of the listed items or have a question, contact the SoonerCare helpline at 800-987-7767.

<table>
<thead>
<tr>
<th>PROOF/VERIFICATION</th>
<th>YOU SHOULD SEND US A COPY OF: (IDEAL)</th>
<th>OTHER PROOF YOU CAN SEND A COPY OF:</th>
</tr>
</thead>
</table>
| Alien Status/Lawful Permanent Resident Immigrant (LPR) | • Form I-94/I-94A – arrival/departure record  
  • Form I-151 – refugee travel document  
  • Form I-551 – permanent  
  • Resident card – green card | Other valid Immigration records issued by USCIS |
| Verified through Systematic Alien Verification for Entitlement (SAVE) | | |
| Alimony Paid | • Divorce papers  
  • Current canceled alimony check stub | | |
| On or before Dec. 31, 2018 Spousal payments only. Not child support. | | |
| Cash Income | • Most recent profit and loss statement  
  • Letter from employer | | |
| When you have not filed federal or state taxes | | |
| Citizenship | • U.S. birth certificate  
  • U.S. passport  
  • Naturalization certificate issued by USCIS  
  • Tribal membership card | • Extract of U.S. hospital birth record established at the time of birth created at least five years before initial application date |
| Provide one item from the lists | | |

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**ADDRESS**  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

**WEBSITES**  
okhca.org  
mysoonerCare.org

**PHONE**  
Admin: 405-522-7300  
Helpline: 800-987-7767
<table>
<thead>
<tr>
<th>OKLAHOMA Health Care Authority</th>
<th>Serving Oklahomans through SoonerCare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial Disability</strong>&lt;br&gt;Short term/long term&lt;br&gt;disability income from insurance</td>
<td>Current award notice/letter from:&lt;br&gt;• Claims adjuster&lt;br&gt;• Attorney&lt;br&gt;• Insurance company&lt;br&gt;• Employer&lt;br&gt;• Check - copy of check</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>Current 30 days of check stubs showing name, company name (if applicable), pay date or pay period, all income and deductions. This includes any bonus, and commission checks.</td>
</tr>
<tr>
<td><strong>IRA, 401K Withdrawals or Annuities</strong></td>
<td>Current investment account statements(s)</td>
</tr>
<tr>
<td><strong>Insurance and Legal Settlements</strong></td>
<td>Settlement documents</td>
</tr>
<tr>
<td><strong>Newborn Father Verification</strong></td>
<td>Birth Certificate</td>
</tr>
</tbody>
</table>
| Non-Recurring Lump Sum Payments | • Award Letter  
• Check Stub | Statement or letter from source |
| Oklahoma Residency | • Utility bill with name and current address  
• Mortgage receipt with current address  
• Lease/rental agreement declaring all current household members | • Letter from landlord with current address and declaring all current household members  
• Current School records  
• Last 30 days check stubs with name, current address and employer  
• Letter from shelter |
| Ordinary Dividends/Qualified Dividends | Statements from broker or institution with how much income is received from the dividends | Current investment account statements(s) |
| Other Income | • Provide letter stating amount received and how often received  
• Provide name, address and contact number or four weeks of pay stubs (one week after the other) | |
| Pregnancy Verification | Any official medical documentation showing pregnancy. | Official statement from doctor, clinic or hospital with expected date of birth. |
| Private Pensions and Annuities | Award letter | Official statement from pension/annuities of how much receiving and how often received |
| Retirement | Current statement that lists the current amount | |
| Refugee | Arrival/departure record (I-94, I-94A) with refugee stamp | Refugee Travel Document (I-571) |
| Rental or Royalty Income | • Profit and loss  
• Current taxes (first page of 1040) and all of the following: Schedule C. | • Rental Agreement  
• Trust Statement  
• Current canceled contribution checks |
| **Self-employment**  
*Includes Farming* | • Most recent profit and loss statement  
• 1040 SE with Schedule C, F or SE (for self-employment income)  
• 1065 Schedule K1 with Schedule E  
• Tax return (current) first page of 1040 |
|-----------------|-------------------------------------------------|
| **Social Security Number** | A copy of a social security card issued from the Social Security Administration.  
Form SSA-2853 or DHS ADMIN-101 (Social Security Enumeration Referral) |
| **College Student** | Class schedule/enrollment (current)  
FAFSA  
Statement from higher education institution |
| **Tribal Gaming Income** | • 1099-G  
• Statement from institution of how much and how often the income is received |
| **Trust** | • Trust document  
• Verification of payments received and how often  
Letter from attorney |
| **Unemployment Compensation** | • Official monetary award  
• Letter/notice/statement from Oklahoma Employment Security Commission (OESC) |