

To be produced on Agency letterhead

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

**VERIFICATION OF NEW ADDRESS  
(For In County Change of Address)**

The U.S. Postal Service returned the enclosed mail that we sent you with a forwarding address. You must verify that this is your new address.

The Post Office has informed us that your new address is:

Another program area within the department of social services has informed us that your new address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To verify your new address, please check the box below and sign and return this letter by \_\_\_\_\_.

(Date)

Yes, the address shown above is my new address.

To help us update your Medicaid case, please tell us who moved with you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you do not want your Medicaid to continue, please check the box below and sign and return this letter by \_\_\_\_\_.

(Date)

I do not want Medicaid to continue. Please close my case.

\_\_\_\_\_

(Signature)

(Date)