

Mass health Fax Cover Sheet

Facility Information	Head of Household (HOH) Information
Facility Name: _____	Name: _____
Sender's Phone No: _____	D.O.B: _____
Sender's Name: _____	Soc. Sec. No: _____

Please include this cover sheet when faxing or mailing any documents to the MassHealth UCP Review Team.

FAX NUMBER

123-456-7890

Please a checkmark (✓) in the appropriate space below identifying the attached verification(s)

_____ UCP Eligibility Review From

_____ Income

_____ Other _____