



Approved supporting document is REQUIRED when submitting a change in status. This document provides the approved supporting documentation to be submitted with the change form based on the change in status type below.

<b>CHANGE IN STATUS TYPE:</b>	<b>APPROVED SUPPORTING DOCUMENTATION:</b>
Became eligible for Medicare or Medicaid	Medicare or Medicaid eligibility letter
Loss of Medicare or Medicaid coverage eligibility	Medicare or Medicaid Loss of Coverage Letter
Marriage	Marriage Certificate
Divorce / Annulment	Divorce or Annulment Decree
Judgment, decree or court order	The judgment, decree, or court order
Birth, adoption, or placement of a child	-Birth Certificate -Certification of Adoption -Foster care certification
Death of a spouse of dependent	Death Certificate
Change in spouse's employment status	Documentation showing spouse's termination or commencement of employment, change of status from employee to independent contractor, change in hours, strike or lockout, a commencement or return from an unpaid leave of absence, or a change in work site
Change in employee's benefits status	Documentation showing reduction in hours resulting in no longer qualifying for benefits or increase in hours which result in qualifying for benefits
Dependent no longer a qualified tax dependent	Documentation showing dependent is no longer under age 19 or under age 26 and a full-time student, or is no longer living in your home half of the tax year and you are no longer providing more than half of their support in a tax year. There is no age limit for permanently disabled dependents.
Beginning LOA	Completion of Section 2. of the HCSA/DCA Change Form
Ending LOA	Completion of Section 2. of the HCSA/DCA Change Form
(DCAP Only) Child turned age 13	Child's birth certificate
(DCAP Only) Change in cost of care	Copies of invoices showing change in cost of care, or signed letter from daycare provider
(DCAP Only) Change of daycare provider	Copies of invoices showing change in daycare provider, or signed letter from daycare provider
Termination / Leaving State Service*	Completion of Section 5. Of the HCSA/DCA Change Form (either on this form or a separate change form)

**\*Select this option if you are reporting the end of state employment – in advance (Employees Only)**