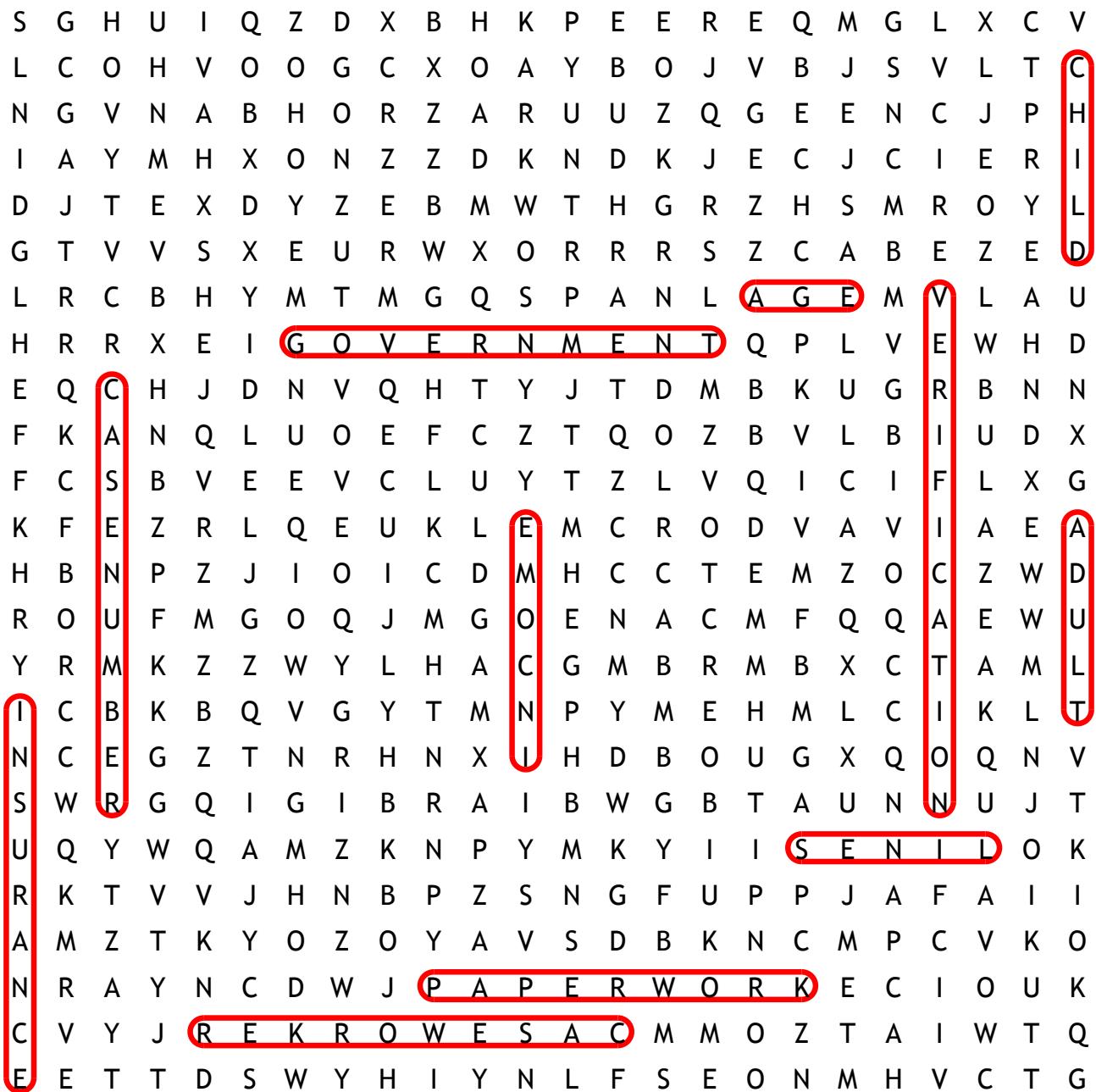


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Medicaid



verification

case number

case worker

government

paperwork

insurance

income

adult

child

lines

age