



TRANSGENDER VERIFICATION FORM

This form can be used as a guide when submitting documentation to verify transgender status by means of a **gender marker change**. Documentation that verifies eligibility must be submitted to the Amida Care Transgender Health Services Team within 90 days of enrollment. When submitting proof of a gender marker change, use of this form as a cover sheet is encouraged, but not required. (To verify through a medical providers attestation, please use the *Transgender Attestation Form*.)

Applicant Information

Name on Medicaid Card: _____

Preferred Name (if different): _____

DOB: _____ Medicaid #: _____

HIV Status: Positive Negative Unknown

Verification

I am **submitting documentation** to the verify transgender status and have included the following:

A copy of a Certified Amended Government ID (Birth Certificate; passport; New York State Driver's License or a Non-Driver ID card)

or

A statement from the Social Security Administration reflecting the change in gender designation

Completed by:

Name

Date

Title

Signature

**Fax Documentation to:
Transgender Health Services
Attention: Alicia Rubenstein
Fax: 646-786-1802
Tel: 646-757-7688**