



**Dear Individual, Authorized Representative,**

Below is a list of items you will need for enrollment. Please review this list and be sure you have these items readily available when completing your enrollment documents.

**What You'll Need for Enrollment:**

- **Participant's full name, date of birth, Social Security Number, DDD ID, and Medicaid number**
- **Current physical and mailing address** (no P.O. boxes for the physical address)
- **Contact information** (email and phone number)
- **Primary language and gender**
- **Support Coordinator's name, phone number, and email address**
- If applicable: Authorized Representative's full name, date of birth, address, Social Security Number, and relationship to individual
- For vendor services: Vendor names and services provided