Cardinal Care Correspondence Center
PO Box 1198
Richmond, VA 23218

Commonwealth of Virginia
Department of Social Services
Questions? Call: **<LDSS phone number>**

Letter Date: <DATE>
Case Number: <Case #>

<Member Name>
<Address 1>
<Address 2>

Important Information for <Member Name> - Action Required by <Letter Date + 30 Days>

A new federal law is changing the Medicaid citizenship and immigration status eligibility rules. Starting October 1, 2026, adults who are not pregnant must be a U.S. citizen, U.S. national, Lawful Permanent Resident, Cuban-Haitian Entrant or Compact of Free Association Migrant to remain eligible for full-benefit Medicaid. **These changes apply only to adults. The eligibility rules for children and pregnant/postpartum members are not changing.**

Please give us the information requested by <Letter Date + 30 Days>!

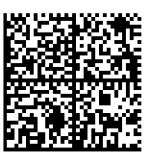
We need verification of your citizenship or immigration status to help us review your eligibility. You may lose your Medicaid coverage or be moved into a limited-benefit Medicaid plan that covers emergency services only if you do not provide the requested information by the due date.

A list of the documents that you can send as proof of your U.S. citizenship or immigration status and directions for sending them are included on the next page.

If you need help, call your Local Department of Social Services, **<LDSS Phone Number>, or the Cover Virginia Call Center,** Monday through Friday, 8 a.m. to 7p.m. at 1-855-242-8282 (TTY: 1-888-221-1590).

Things to remember when submitting documents:

- ✓ Always keep your original documents and send us a copy.
- ✓ Include the first page of this letter with the documents you are submitting.
- ✓ Write your first and last name, date of birth, and Case Number **<CASE #>** on the copy of your documents you give to us.
- ✓ Make sure the picture or copy of your documents is clear and that we can read all important information, dates, and numbers.
- ✓ Call us if there has been a change in your situation since you applied, if you don't have the documents requested below, or if you need help obtaining the information.



Case #:

Correspondence #:

Worker Name:	Telephone Number:	For Free Legal Advice Call:
<Worker Name>	<LDSS Phone Number>	1-866-534-5243

Remember, if you do not send us the information we are asking for, we cannot finish reviewing your eligibility for Medicaid and your coverage may end.

Return one of the documents below to help us confirm your U.S. citizenship or immigration status.

Action: Return verification of your citizenship or immigration status within 30 days of this letter.	
Due Date: <Due Date>	
Citizenship Verification Documents: <Populate list of acceptable citizenship verification documents>	**Immigration Status Verification Documents:** <Populate list of acceptable immigration status verification documents>

Ways to Send Your Documents

1. **By email:** verify_docs@coverva.org
2. **By fax:** (888) 221-9402
3. **By mail:** Cardinal Care Correspondence Center, PO Box 1820, Richmond, VA 23218
4. **In person:** <LDSS ADDRESS>

Always keep your original documents and give us a copy.

Your CommonHelp Account

CommonHelp.Virginia.gov keeps all important information about your family's applications. You can choose to get letters like this online. Your CommonHelp account is secure.

To create an account, go to **CommonHelp.Virginia.gov** and click "Check My Benefits." To link your case to your CommonHelp account using the information below, log in and select "Manage My Account."

Case Number: <Case Number>
Client ID: <Client ID>

Case #:

Correspondence #: