

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN'S HEALTH & FAMILY SERVICES
BREAST AND CERVICAL CANCER PROGRAM**

REQUIRED VERIFICATION

You **must** include the following verification with your enrollment/re-enrollment packet in order for your paperwork to be processed.

- **Income Verification** (2 most recent paycheck stub or recent 1040 tax form)
- **Age Verification** (copy of your driver's license, ID card or birth certificate)
- **Medicaid Verification**
- **Insurance Verification**