CHANGE OF ADDRESS OR CARE-GIVER (backside)

PATIENT'S AND CAREGIVER'S PROOF OF IDENTITY AND PROOF OF RESIDENCY IN COLORADO*

At least 1 of the following*	**Or at least 2 of the following**
Colorado Driver's License	**Minimum of 1 from the group of ID's below -**
Colorado ID	Out of State Driver's License
Temporary Colorado Driver's License	Out of State ID
Temporary Colorado ID	Passport, Military ID, Tribal ID
Colorado Department of Public Health and Environment	**And a Minimum of 1 from the group below -**
	Work Identification/paycheck stub/W-2
	Utility bill, medical/insurance bill or cable bill *The above items must show a Colorado residence*

** All Documents must be currently valid!*

At least one of these documents must show the applicant's date of birth.