

WEB
2023 Virginia Schedule HCI
 Health Care Information Schedule

Your Social Security Number

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Name (s) as shown on Virginia return

General Instructions. Taxpayers have the option to indicate on their individual tax return that they and/or their dependents agree to the sharing of certain tax return information with the Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS). If you provided consent on your tax return, and would like to be contacted, indicate your preferred method of contact below. Your information will be used by DMAS and DSS to determine your family's eligibility for income-based medical assistance programs. Complete the required information for you, your spouse if married filing jointly, and your dependents. Enclose this schedule with your individual return.

Indicate your preferred method of contact by filling in the appropriate oval below and providing your information.

<input type="radio"/> Email	Email address
<input type="radio"/> Spouse's Email	Email address
<input type="radio"/> Phone	Daytime number
<input type="radio"/> Mail	Provide address below if different from the information you provided on page one of your Virginia income tax return.
Number and Street	
City, Town, or Post Office	State ZIP Code

Dependents

	First Name	Last Name	Birth Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			