



STAY COVERED AND BE INFORMED

Prepare for Medicaid Eligibility Unwinding

Updated Contact Information Form



The Department of Public Health and Social Services (DPHSS), Bureau of Economic Security (BES) will begin the process of redetermining or reviewing the eligibility status of all Medicaid participants to determine whether they are eligible for Medicaid coverage under the normal pre-pandemic enrollment process. In an effort to minimize potential problems and to expedite the process, DPHSS BES needs your current contact information below in order to effectively communicate any changes to your Medicaid eligibility.

PLEASE PRINT CLEARLY USING BLACK OR BLUE PEN.

COMPLETE NAME: Head of Household	LAST NAME	FIRST NAME	MIDDLE NAME

Date of Birth	MONTH	DAY	YEAR	COMPLETE MAILING ADDRESS (including zip code)
Home Phone				
Cell Phone				
Work/Alternative Phone				
Email Address				

I, certify under penalty of perjury that I completed the information truthfully.	SIGNATURE	DATE

PLEASE SUBMIT YOUR COMPLETED FORM BY ANY OF THE FOLLOWING METHODS:

- 1) **Email:** mapclientupdate@dphss.guam.gov 2) **Drop-off Centers nearest your area listed below** (*Mon thru Fri, 8a-5p, excluding GovGuam Holidays*):
 - a. **DEDEDO:** Northern Regional Community Health Center – BES Section - 520 W. Santa Monica Ave. Dededo, Guam 96929
 - b. **INARAJAN:** Southern Regional Community Health Center – BES Section (**2nd Floor**) - 162 Apman Drive Inarajan, Guam 96915
 - c. **MANGILAO:** Bureau of Health Care Financing Administration (BHFCA) - 130 University Drive, **Suite 5 or 7** Castle Mall. Mangilao, Guam 96913
 - d. **TAMUNING:** Ran Care Building - BHCFA Section (**3rd Floor**) - 761 South Marine Corps Drive, Suite C3, Tamuning, Guam 96913

FORM RECEIVED BY: (Staff Last, First Name and Location) Date/Time	UPDATED on PHPRO By: (BES Staff Last, First Name) & Date