



Name (s) as shown on Virginia return

Department of Medical Assistance Services (DMAS) and the Department of Social Services (VDSS), to determine eligibility for medical assistance services.

Complete the required information for you, your spouse if married filing jointly, and your dependents. Enclose this schedule with your individual return.



























<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.

City, Town, or Post Office

ZIP Code

First Name

Last Name

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