


# Appendix F Forms TOC

	<b>Georgia Division of Family and Children Services Medicaid Policy Manual</b>			
	<b>Policy Title:</b>	Table of Contents		
	<b>Effective Date:</b>	N/A		
	<b>Chapter:</b>	Appendix F	<b>Policy Number:</b>	Appendix F
<b>Previous Policy Number(s):</b>		<b>Updated or Reviewed in MT:</b>	MT-73	

## Policy Statement

Only State Office approved forms may be used.

## Voter Registration Application Form Information

For a copy of the Voter Registration Application Form and information on how to apply to register to vote, visit: [sos.ga.gov/sites/default/files/forms/GA\\_VR\\_APP\\_2019.pdf](https://sos.ga.gov/sites/default/files/forms/GA_VR_APP_2019.pdf) Also, refer to Form # VRA-95.

## Medicaid Forms Table of Contents

Form Number	Form Title	Revision Date	Order Info	Owner
1	<<medicaid:appendix-f::index:::attachment\$form-1.docx	OSAH-1-Medicaid (Hearing Request)>>	07/23	Screen Print
OSAH	1	PeachCare for Kids Flyer (English)		Gainwell
DCH	6	LOC Approval/NH		Gainwell
DCH	6A	<<medicaid:appendix-f::index:::attachment\$form-6a.docx	Physician's Recommendation for Pediatric Care>>	08/24
Screen Print	DCH	21	PeachCare for Kids Handbook	
Gainwell	DCH	41	PeachCare for Kids Handbook (Spanish)	
Gainwell	DCH	59	Authorization for NH Facility Reimbursement/Vendor Payment	

Form Number	Form Title	Revision Date	Order Info	Owner
Gainwell	DCH	71	Medicaid Disability Determination Inquiry (Obsolete as of 09/2013)	02/11
Screen Print	DHS	89	<<medicaid:appendix-f::index::attachment\$form-89.docx	Medicare Savings Programs Request for Information>>
08/24	Screen Print	DHS	94	<<medicaid:appendix-f::index::attachment\$form-94.docx
Medicaid Application>>	10/22	SO	DHS	94 LP
<<medicaid:appendix-f::index::attachment\$form-94-lp.docx	Medicaid Application (Large Print)>>	01/22	SO	DHS
94 SP	<<medicaid:appendix-f::index::attachment\$form-94-es.docx	Medicaid Application (Spanish)>>	10/22	SO
DHS	94 LP SP	<<medicaid:appendix-f::index::attachment\$form-94-es-lp.docx	Medicaid Application (Large Print Spanish)>>	01/22
SO	DHS	94A	<<medicaid:appendix-f::index::attachment\$form-94a.docx	Medicaid Streamlined Application>>
07/23	SO	DHS	94A LP	<<medicaid:appendix-f::index::attachment\$form-94a-lp.docx
Medicaid Streamlined Application (Large Print)>>	01/22	SO	DHS	94A SP
<<medicaid:appendix-f::index::attachment\$form-94a-es.docx	Medicaid Streamlined Application (Spanish)>>	10/22	SO	DHS

Form Number	Form Title	Revision Date	Order Info	Owner
94A LP SP	<<medicaid:appendix-f::index:::attachment\$form-94a-es-lp.docx	Medicaid Streamlined Application (Large Print Spanish)>>	01/22	SO
DHS	94A Appendix A	<<medicaid:appendix-f::index:::attachment\$form-appendix-a.docx	Streamlined Application Appendix A>>	07/23
SO	DHS	94A Appendix A SP	<<medicaid:appendix-f::index:::attachment\$form-appendix-a-es.docx	Streamlined Application Appendix A (Spanish)>>
09/17	SO	DHS	94A Appendix A LP	<<medicaid:appendix-f::index:::attachment\$form-appendix-a-lp.docx
Streamlined Application Appendix A (Large Print)>>	09/17	SO	DHS	94A Appendix A SP LP
<<medicaid:appendix-f::index:::attachment\$form-appendix-a-es-lp.docx	Streamlined Application Appendix A (Spanish Large Print)>>	09/17	SO	DHS
94A Appendix B	<<medicaid:appendix-f::index:::attachment\$form-appendix-b.docx	Streamlined Application Appendix B>>	07/23	SO
DHS	94A Appendix B SP	<<medicaid:appendix-f::index:::attachment\$form-appendix-b-es.docx	Streamlined Application Appendix B (Spanish)>>	09/17
SO	DHS	94A Appendix B LP	<<medicaid:appendix-f::index:::attachment\$form-appendix-b-lp.docx	Streamlined Application Appendix B (Large Print)>>

Form Number	Form Title	Revision Date	Order Info	Owner
09/17	SO	DHS	94A Appendix B SP LP	<<medicaid:appendix-f::index::attachment\$form-appendix-b-es-lp.docx
Streamlined Application Appendix B (Spanish Large Print)>>	09/17	SO	DHS	94A Appendix C
<<medicaid:appendix-f::index::attachment\$form-appendix-c.docx	Streamlined Application Appendix C>>	07/23	SO	DHS
94A Appendix C SP	<<medicaid:appendix-f::index::attachment\$form-appendix-c-es.docx	Streamlined Application Appendix C (Spanish)>>	04/22	SO
DHS	94A Appendix C LP	<<medicaid:appendix-f::index::attachment\$form-appendix-c-lp.docx	Streamlined Application Appendix C (Large Print)>>	09/17
SO	DHS	94A Appendix C SP LP	<<medicaid:appendix-f::index::attachment\$form-appendix-c-es-lp.docx	Streamlined Application Appendix C (Spanish Large Print)>>
09/17	SO	DHS	94A Appendix D	<<medicaid:appendix-f::index::attachment\$form-appendix-d.docx
Streamlined Application Appendix D>>	07/23	SO	DHS	106
<<medicaid:appendix-f::index::attachment\$form-106.docx	Insurance Clearance>>	06/24	Screen Print	DHS
107	<<medicaid:appendix-f::index::attachment\$form-107.docx	SSI Status Change>>	06/24	Screen Print

Form Number	Form Title	Revision Date	Order Info	Owner
DHS	109	<<medicaid:appendix-f::index::attachment\$form-109.docx	SSI Cont Med Determination Notice (Ex Parte Cover Letter)>>	06/24
Screen Print	DHS	109 SP	<<medicaid:appendix-f::index::attachment\$form-109-es.docx	SSI Cont Med Determination Notice (Ex Parte Cover Letter) (Spanish)>>
06/24	Screen Print	DHS	118	<<medicaid:appendix-f::index::attachment\$form-118.docx
Request for Hearing>>	01/22	Screen Print	DHS	118 SP
<<medicaid:appendix-f::index::attachment\$form-118-es.docx	Request for Hearing (Spanish)>>	02/10	Screen Print	DHS
123	Interagency/Interoffice Update and Follow-Up		Forms OL	DHS
124	<<medicaid:appendix-f::index::attachment\$form-124.pdf	Application for Health Insurance Premium Payments>>	11/22	Screen print
DCH	124I	<a href="#">Instructions: Application for Health Insurance Premium Payments</a>	11/21	Screen Print
DCH	125	<<medicaid:appendix-f::index::attachment\$form-125.pdf	CHIPRA Application>>	05/23
Screen Print	DCH	129	<<medicaid:appendix-f::index::attachment\$form-129.docx	Recipient Notice for Spousal Impoverishment>>
06/24	Screen Print	DHS	130	<<medicaid:appendix-f::index::attachment\$form-130.docx
TANF and Family Medicaid Child and Medical Support Letter>>	06/16	Screen Print	DHS	130 SP

Form Number	Form Title	Revision Date	Order Info	Owner
<<medic-aid:appendix-f::index::attachment\$form-130-es.docx	TANF and Family Medicaid Child and Medical Support Letter (Spanish)>>	06/16	Screen Print	DHS
136	<<medicaid:appendix-f::index::attachment\$form-136.docx	County Request for Final Appeal>>	02/10	Screen Print
DHS	138	<<medic-aid:appendix-f::index::attachment\$form-138.docx	Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate with DCSS>>	6/16
Screen Print	DHS	138 SP	<<medic-aid:appendix-f::index::attachment\$form-138-es.docx	Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate with DCSS (Spanish)>>
6/16	Screen Print	DHS	139	<<medic-aid:appendix-f::index::attachment\$form-139.docx
Contribution Statement>>	02/10	Screen Print	DHS	139 SP
<<medic-aid:appendix-f::index::attachment\$form-139-es.docx	Contribution Statement (Spanish)>>	02/10	Screen Print	DHS
171	<<medicaid:appendix-f::index::attachment\$form-171.docx	Parent to Child Deeming Worksheet>>	10/12	Screen Print
DHS	172	<<medic-aid:appendix-f::index::attachment\$form-172.docx	ABD MAO Individual/Couple/Spouse to Spouse Deeming>>	10/12
SO	DHS	172I	<a href="#">Instructions: ABD MAO Individual/Couple/Spouse to Spouse Deeming</a>	

Form Number	Form Title	Revision Date	Order Info	Owner
Screen Print	DHS	173	<<medic-aid:appendix-f::index::attachment\$form-173.docx	Verification Checklist>>
06/10	Screen Print	DHS	173 SP	<<medic-aid:appendix-f::index::attachment\$form-173-es.docx
Verification Checklist (Spanish)>>	06/10	Screen Print	DHS	173I
<a href="#">Instructions: Verification Checklist</a>		Screen Print	DHS	174
<<medic-aid:appendix-f::index::attachment\$form-174.docx	SMEU Medical Records Cover Letter>>	06/24	Screen Print	DHS
184	SMEU Data Report	06/24	SO	DHS
185	<<medicaid:appendix-f::index::attachment\$form-185.docx	Affidavit of Paternity>>	10/12	SO
DHS	214	<<medic-aid:appendix-f::index::attachment\$form-214.docx	Medicaid Notification Form>>	08/24
SO	DHS	214 SP	<<medic-aid:appendix-f::index::attachment\$form-214-es.docx	Medicaid Notification Form (Spanish)>>
11/07	SO	DHS	216	<<medic-aid:appendix-f::index::attachment\$form-216.docx
Declaration of Citizenship>>	06/24	Screen Print	DHS	216 SP
<<medic-aid:appendix-f::index::attachment\$form-216-es.docx	Declaration of Citizenship (Spanish)>>	06/24	Screen Print	DHS

Form Number	Form Title	Revision Date	Order Info	Owner
217	<<medicaid:appendix-f::index:::attachment\$form-217.docx	Affidavit to Establish Identity for Medicaid Applicant/Recipients < 16>>	06/24	SO
DHS	217 SP	<<medicaid:appendix-f::index:::attachment\$form-217-es.docx	Affidavit to Establish Identity for Medicaid Applicant/Recipients < 16 (Spanish)>>	06/24
SO	DHS	218	<<medicaid:appendix-f::index:::attachment\$form-218.docx	Citizenship/Identity Verification Checklist>>
06/24	Screen Print	DHS	218 SP	<a href="#">Citizenship/Identity Verification Checklist (Spanish)</a>
01/14	Screen Print	DHS	219	<<medicaid:appendix-f::index:::attachment\$form-219.docx
Affidavit of Facts Concerning Citizenship>>	06/24	Screen Print	DHS	219I
Instructions: Affidavit of Facts Concerning Citizenship			DHS	219 SP
<<medicaid:appendix-f::index:::attachment\$form-219-es.docx	Affidavit of Facts Concerning Citizenship (Spanish)>>	06/24	Screen Print	DHS
223	<<medicaid:appendix-f::index:::attachment\$form-223.docx	Medicaid and IV-E Application for Foster Care>>	10/12	Screen Print
DHS	223I	<a href="#">Instructions: Medicaid and IV-E Application for Foster Care</a>		Screen Print



Form Number	Form Title	Revision Date	Order Info	Owner
DHS	224	<<medicaid:appendix-f::index::attachment\$form-224.docx	Removal Home Income and Asset Checklist>>	10/12
Screen Print	DHS	224I	<a href="#">Instructions:Removal Home Income and Asset Checklist</a>	
Screen Print	DHS]	225	<<medicaid:appendix-f::index::attachment\$form-225.docx	IV-E Eligibility Documentation Sheet>>
10/12	Screen Print	DHS	226	<<medicaid:appendix-f::index::attachment\$form-226.docx
Medicaid and IV-E Redetermination Form>>	10/12	Screen Print	DHS	226I
<a href="#">Instructions:Medicaid and IV-E Redetermination Form</a>	10/12	Screen Print	DHS	227
<<medicaid:appendix-f::index::attachment\$form-227.docx	Notification of Change in Foster Care or Adoption Assistance>>	10/12	Screen Print	DHS
227I	<a href="#">Instructions:Notification of Change in Foster Care or Adoption Assistance</a>	10/12	Screen Print	DHS
238	<<medicaid:appendix-f::index::attachment\$form-238.docx	Medically Needy Budget Sheet>>	08/11	SO
DHS	239M	<<medicaid:appendix-f::index::attachment\$form-239m.docx	MAGI Budget Sheet>>	04/23
Screen Print	DHS	243	<<medicaid:appendix-f::index::attachment\$form-243.docx	Providing Verification of Citizenship for Medicaid>>

Form Number	Form Title	Revision Date	Order Info	Owner
05/08	Screen Print	DHS	243 SP	<<medicaid:appendix-f::index::attachment\$form-243-es.docx
Providing Verification of Citizenship for Medicaid (Spanish)>>	05/08	Screen Print	DHS	245
SMEU Request Form	06/24	SO	DHS	256
Interview Guide for TANF/FS/Medicaid		SO	DHS	285
Third Party Liability	01/06	Gainwell	DCH	297
<<medicaid:appendix-f::index::attachment\$form-297.docx	Application for TANF Food Stamps or Medical Assistance>>. For voter registration information refer to <a href="#">Voter Registration Application Form Information</a>	07/23	SO	DHS
297	Application for TANF Food Stamps or Medical Assistance (Arabic Chinese Farsi Hmong Italian Portuguese Russian or Vietnamese)		Hard Copy Only	DHS
297 SP	<<medicaid:appendix-f::index::attachment\$form-297-es.docx	Application for TANF Food Stamps or Medical Assistance (Spanish)>> For voter registration information refer to <a href="#">Voter Registration Application Form Information</a>	10/22	SO
DHS	297 LP	<<medicaid:appendix-f::index::attachment\$form-297-lp.docx	Application for TANF Food Stamps or Medical Assistance (Large Print)>>. For voter registration information refer to <a href="#">Voter Registration Application Form Information</a>	12/21

Form Number	Form Title	Revision Date	Order Info	Owner
SO	DHS	297 SPLP	<<medicaid:appendix-f::index::attachment\$form-297-es-lp.docx	Application for TANF Food Stamps or Medical Assistance (Spanish Large Print)>>. For voter registration information refer to <a href="#">Voter Registration Application Form Information</a>
12/21	SO	DHS	297A	<a href="#">Rights and Responsibilities</a>
10/22	SO	DHS	297A	Rights and Responsibilities
	Hard Copy Only	DHS	297A SP	<a href="#">Rights and Responsibilities (Spanish)</a>
10/22 (Spanish)]	SO	DHS	297A LP	<<medicaid:appendix-f::index::attachment\$form-297a-lp.docx
Rights and Responsibilities (Large Print)>>	12/21	SO	DHS	297A SPLP
<<medicaid:appendix-f::index::attachment\$form-297a-es-lp.docx	Rights and Responsibilities (Spanish Large Print)>>	12/21	SO	DHS
297M	Medicaid Addendum to Form 297 (Obsolete as of 12/2021)	01/14	SO	DHS
297M SP	Medicaid Addendum to Form 297 (Spanish) (Obsolete as of 12/2021)	01/14	SO	DHS
306	<<medicaid:appendix-f::index::attachment\$form-306.docx	Annuity Issuer Notification>>	08/24	Screen Print
DHS	315	<<medicaid:appendix-f::index::attachment\$form-315.docx	Official Notice of Georgia Medicaid Estate Recovery Program>>	10/21
Screen Print	DCH	315 SP	<<medicaid:appendix-f::index::attachment\$form-315-es.docx	Official Notice of Georgia Medicaid Estate Recovery Program (Spanish)>>

Form Number	Form Title	Revision Date	Order Info	Owner
10/21	Screen Print	DCH	315 LP	<<medicaid:appendix-f::index::attachment\$form-315-lp.docx
Official Notice of Georgia Medicaid Estate Recovery Program (Large Print)>>	10/21	Screen Print	DCH	315 SPLP
<<medicaid:appendix-f::index::attachment\$form-315-es-lp.docx	Official Notice of Georgia Medicaid Estate Recovery Program (Spanish Large Print)>>	10/21	Screen Print	DCH
327	<<medicaid:appendix-f::index::attachment\$form-327.docx	Estate Recovery Notification Form>>	07/22	Screen Print
DCH	328	<<medicaid:appendix-f::index::attachment\$form-328.docx	Quarterly Report Form>>	06/24
Screen Print	DHS	328 SP	<<medicaid:appendix-f::index::attachment\$form-328-es.docx	Quarterly Report Form (Spanish)>>
06/24	Screen Print	DHS	400	Medically Needy First Day Liability Authorization for Reimbursement
4/93	Hard Copy Only	DCH	403	<<medicaid:appendix-f::index::attachment\$form-403.docx
Adoption Assistance Benefits Memorandum>>	05/11	Screen Print	Adoptions	411
<<medicaid:appendix-f::index::attachment\$form-411.docx	Undue Hardship Waiver Application>>	06/24	Screen Print	DHS
411 SP	<<medicaid:appendix-f::index::attachment\$form-411-es.docx	Undue Hardship Waiver Application (Spanish)>>	06/24	Screen Print

Form Number	Form Title	Revision Date	Order Info	Owner
DHS	508	<<medicaid:appendix-f::index::attachment\$form-508.docx	Food Stamp TANF Medicaid Renewal Form>>.For voter registration information refer <a href="#">Voter Registration Application Form Information</a>	10/22
SO	DHS	508 SP	<<medicaid:appendix-f::index::attachment\$form-508-es.docx	Food Stamp TANF Medicaid Renewal Form>>. For voter registration information refer to <a href="#">Voter Registration Application Form Information</a>
10/22 (Spanish)	SO	DHS	508 LP	<<medicaid:appendix-f::index::attachment\$form-508-lp.docx
Food Stamp TANF Medicaid Renewal Form (Large Print)>>. For voter registration information refer to <a href="#">Voter Registration Application Form Information</a>	12/21	SO	DHS	508 SPLP
<<medicaid:appendix-f::index::attachment\$form-508-es-lp.docx	Food Stamp TANF Medicaid Renewal Form (Spanish Large Print)>>. For voter registration information refer to <a href="#">Voter Registration Application Form Information</a>	12/21	SO	DHS
512	<<medicaid:appendix-f::index::attachment\$form-512.docx	Notification of Eligibility-EMA>>	06/24	Screen Print
DHS	512 SP	<<medicaid:appendix-f::index::attachment\$form-512-es.docx	Notification of Eligibility-EMA (Spanish)>>	06/24

Form Number	Form Title	Revision Date	Order Info	Owner
Screen Print	DHS	526	<<medicaid:appendix-f::index::attachment\$form-526.docx	Physician's Statement for EMA>>
08/24	Screen Print	DCH	700	<<medicaid:appendix-f::index::attachment\$form-700.docx
Application for Medicaid & Medicare Savings for Qualified Beneficiaries>>	10/22	SO	DHS	700 SP
<<medicaid:appendix-f::index::attachment\$form-700-es.docx	Application for Medicaid & Medicare Savings for Qualified Beneficiaries (Spanish)>>	10/22	SO	DHS
700 LP	<<medicaid:appendix-f::index::attachment\$form-700-lp.docx	Application for Medicaid & Medicare Savings for Qualified Beneficiaries (Large Print)>>	01/22	SO
DHS	700 SPLP	<<medicaid:appendix-f::index::attachment\$form-700-es-lp.docx	Application for Medicaid & Medicare Savings for Qualified Beneficiaries (Spanish Large Print)>>	01/22
SO	DHS	701	<<medicaid:appendix-f::index::attachment\$form-701.docx	Q-Track Brochure>>
08/24	SO	DHS	703	<<medicaid:appendix-f::index::attachment\$form-703.docx
Medicare Buy-In Problem Template>>	06/24	Screen Print	DHS	704
<<medicaid:appendix-f::index::attachment\$form-704.docx	TEFRA/Katie Beckett Cost Effectiveness Form>>	10/04	Screen Print	DCH

Form Number	Form Title	Revision Date	Order Info	Owner
705	<<medicaid:appendix-f::index:::attachment\$form-705.docx	TEFRA/Katie Beckett LOC Determination Routing Form>>	05/12	Screen Print
DCH	706	<<medicaid:appendix-f::index:::attachment\$form-706.docx	TEFRA/Katie Beckett Medical Necessity LOC Statement>>	01/18
Screen Print	DCH	713	<<medicaid:appendix-f::index:::attachment\$form-713.docx	Interagency Interoffice referral/ Follow Up>>
11/10	SO	DHS	809	<<medicaid:appendix-f::index:::attachment\$form-809.docx
Verification of Earned Income>>	06/16	SO	DHS	809 SP
<<medicaid:appendix-f::index:::attachment\$form-809-es.docx	Verification of Earned Income (Spanish)>>	06/16	SO	DHS
936	<<medicaid:appendix-f::index:::attachment\$form-936.docx	QIT Certification>>	06/24	Screen Print
DCH	937	<<medicaid:appendix-f::index:::attachment\$form-937.docx	QIT Review Letter>>	06/24
Screen Print	DHS	937 SP	<<medicaid:appendix-f::index:::attachment\$form-937-es.docx	QIT Review Letter (Spanish)>>
06/24	Screen Print	DHS	938	[Understanding Medicaid (Spanish)]
	Gainwell	DCH	939	[Understanding Medicaid]
	Gainwell	DCH	942	<<medicaid:appendix-f::index:::attachment\$form-942.docx
IME Verification Form>>	08/24	Screen Print	DHS	943

Form Number	Form Title	Revision Date	Order Info	Owner
<<medic-aid:appendix-f::index::attachment\$form-943.docx	Notification of Deduction of Medical Expense>>	06/24	Screen Print	DHS
944	<<medicaid:appendix-f::index::attachment\$form-944.docx	IME Query Form>>	06/24	Screen Print
DCH	945	<<medic-aid:appendix-f::index::attachment\$form-945.docx	QIT Trustee Guide>>	06/24
Screen Print	DCH	945 SP	<<medic-aid:appendix-f::index::attachment\$form-945-es.docx	QIT Trustee Guide (Spanish)>>
06/24	Screen Print	DCH	946	<<medic-aid:appendix-f::index::attachment\$form-946.docx
QIT Frequently Asked Questions and Worksheet>>	06/24	Screen Print	DCH	946 SP
<<medic-aid:appendix-f::index::attachment\$form-946-es.docx	QIT Frequently Asked Questions and Worksheet (Spanish)>>	06/24	Screen Print	DCH
947	<<medicaid:appendix-f::index::attachment\$form-947.docx	QIT Approved Format Deviation>>	08/24	Screen Print
DHS	948	<<medic-aid:appendix-f::index::attachment\$form-948.docx	QIT Approved Template 1>>	08/24
Screen Print	DCH	949	<<medic-aid:appendix-f::index::attachment\$form-949.docx	QIT Checklist>>
08/24	Screen Print	DCH	950	<<medic-aid:appendix-f::index::attachment\$form-950.docx
Facility Action Request>>	10/12	Screen Print	DHS	954



Form Number	Form Title	Revision Date	Order Info	Owner
<<medic-aid:appendix-f::index::attachment\$form-954.docx	OptumRx Prescription Update Template>>	06/24	Screen Print	DHS
955	<<medicaid:appendix-f::index::attachment\$form-955.docx	Notice of Review of Promissory Note Loan or Property Agreement>>	06/24	Screen Print
DHS	955 SP	<<medic-aid:appendix-f::index::attachment\$form-955-es.docx	Notice of Review of Promissory Note Loan or Property Agreement (Spanish)>>	06/24
Screen Print	DHS	956	<<medic-aid:appendix-f::index::attachment\$form-956.docx	Special Needs Trust Routing Form>>
08/24	Screen Print	DHS	958	<<medic-aid:appendix-f::index::attachment\$form-958.docx
Nursing Facility Information Request>>	06/24	Screen Print	DHS	960
<<medic-aid:appendix-f::index::attachment\$form-960.docx	IME Pricing Document>>	08/24	Screen Print	DCH
962	Certification of Medicaid Eligibility	07/23	SO	DHS
963	Medicaid Notification Form	01/07	SO	DHS
963I	Instructions: Medicaid Notification Form			DHS
966	<<medicaid:appendix-f::index::attachment\$form-966.docx	Absent Parent Information Form>>	08/24	Screen Print
DHS	967	<<medic-aid:appendix-f::index::attachment\$form-967.docx	Non-Emergency Medical Transportation Information Sheet (NEMT)>>	08/24
Screen Print	DCH	967 SP	Non-Emergency Transportation Broker Sheet (Spanish)	

Form Number	Form Title	Revision Date	Order Info	Owner
Screen Print	DCH	968	<<medic-aid:appendix-f::index:::attachment\$form-968.docx	MN PL Budget Sheet>>
10/12	Screen Print	DHS	969	<<medic-aid:appendix-f::index:::attachment\$form-969.docx
Living Arrangement Determination - LA/ISM Guide>>	10/12	Screen Print	DHS	970
<<medic-aid:appendix-f::index:::attachment\$form-970.docx	VA Communication Form>>	08/24	SO	DHS
984	<<medicaid:appendix-f::index:::attachment\$form-984.docx	Burial Contract Verification>>	07/24	Screen Print
DHS	985	<<medic-aid:appendix-f::index:::attachment\$form-985.docx	Burial Exclusion and Designation>>	08/24
Screen Print	DHS	986	<<medic-aid:appendix-f::index:::attachment\$form-986.docx	MAO Cemetery Lot Verification>>
08/24	Screen Print	DHS	987	<<medic-aid:appendix-f::index:::attachment\$form-987.docx
Designation of Cemetery Lot>>	08/24	Screen Print	DHS	988
<<medic-aid:appendix-f::index:::attachment\$form-988.docx	Notice of Review of Annuity>>	06/24	Screen Print	DCH
988 SP	<<medicaid:appendix-f::index:::attachment\$form-988-es.docx	Notice of Review of Annuity (Spanish)>>	06/24	Screen Print
DCH	991	<<medic-aid:appendix-f::index:::attachment\$form-991.docx	MAO Property Search Record>>	08/24

Form Number	Form Title	Revision Date	Order Info	Owner
SO	DHS	995	<<medicaid:appendix-f::index::attachment\$form-995.docx	Pathways Qualifying Activities Report Form>>
07/23	Screen Print	DHS	996	<<medicaid:appendix-f::index::attachment\$form-996.docx
Pathways Good Cause RM and RA Form>>	07/23	Screen Print	DHS	998
<<medicaid:appendix-f::index::attachment\$form-998.docx	Notice of Termination of Medicaid Benefits Due to Contract(s)>>	08/24	Screen Print	DHS
1610-U2	Public Assistance Agency Information	02/82	SSA	Social Security
3327	<<medicaid:appendix-f::index::attachment\$form-3327.docx	Health Check Brochure>>	10/22	Gainwell
DCH	3328	Health Check Brochure (Spanish)		Gainwell
DCH	3329	Health Check Brochure (Braille)		Gainwell
DCH	5459	<<medicaid:appendix-f::index::attachment\$form-5459.docx	Authorization for Release of Information>>	07/16
SO	DHS	5459 SP	<<medicaid:appendix-f::index::attachment\$form-5459-es.docx	Authorization for Release of Information (Spanish)>>
07/16	SO	DHS	5460	<<medicaid:appendix-f::index::attachment\$form-5460.docx
Notice of Privacy Practices>>	12/23	Screen Print	DHS	5460 SP
<<medicaid:appendix-f::index::attachment\$form-5460-es.docx	Notice of Privacy Practices (Spanish)>>	12/23	Screen Print	DHS

Form Number	Form Title	Revision Date	Order Info	Owner
	Notice of Privacy Practices (Arabic Chinese Farsi Hmong Italian Portuguese Russian Vietnamese)		Hard Copy Only	DHS
G-845-S	INS SAVE Document Verification		DHS	INS
SS-5	Application for a Social Security Card		SSA	Social Security
	<<medicaid:appendix-f::index::attachment\$form-foster-care-worker-card.docx	Foster Care Worker Card>>	04/04	Screen Print
DHS		<<medicaid:appendix-f::index::attachment\$form-gmwd-fact-sheet.docx	GMWD Fact Sheet>>	09/17
Screen Print	DHS		<a href="#">ICAMA Member Contact List</a>	
NA	DHS		<a href="#">ICAMA Non-Member Contact List</a>	
	DHS		<<medicaid:appendix-f::index::attachment\$form-iv-e-budget-sheet.docx	IV-E Budget Sheet>>
10/12	Screen Print	DHS		<<medicaid:appendix-f::index::attachment\$form-dcss-noncooperation-letter.docx
Letter of Non-Cooperation with DCSS>>	10/12	Screen Print	DHS	
<<medicaid:appendix-f::index::attachment\$form-level-of-care-agreement.docx	Level of Care Agreement>>		NA	DBHDD
	<<medicaid:appendix-f::index::attachment\$form-medic-aid-review-reponse-form.docx	Medicaid Review Response Form>>	05/16	Screen Print
DHS		<<medicaid:appendix-f::index::attachment\$form-medically-needy-option-statement.docx	Medically Needy Option Statement>>	05/15

Form Number	Form Title	Revision Date	Order Info	Owner
Screen Print	DHS		<<medic-aid:appendix-f::index::attachment\$form-medicare-part-d-complaint-checklist.docx	(Medicare) Part D Complaint Checklist>>
	Screen Print	CMS		<<medic-aid:appendix-f::index::attachment\$form-peachcare-special-request-form.docx
PeachCare Special Request Form>>		Screen Print	DCH	
<<medic-aid:appendix-f::index::attachment\$form-record-of-life-ins-policies.docx	Record of Life Insurance Policies>>	01/07	Screen Print	DHS
	<<medicaid:appendix-f::index::attachment\$form-tefra-kb-cover-letter.docx	TEFRA/Katie Beckett Cover Letter>>	05/12	Screen Print
DHS		<<medic-aid:appendix-f::index::attachment\$form-tefra-kb-cover-letter-es.docx	TEFRA/Katie Beckett Cover Letter (Spanish)>>	04/05
Screen Print	DHS		<<medic-aid:appendix-f::index::attachment\$form-tefra-kb-worksheet.docx	TEFRA/Katie Beckett Worksheet>>
08/11	Screen Print	DHS		<<medic-aid:appendix-f::index::attachment\$form-undue-hardship-letter.docx
Undue Hardship Waiver Letter>>	02/07	Screen Print	DHS	
<<medic-aid:appendix-f::index::attachment\$form-whm-pst.pdf	Women's Health Medicaid Physician's Statement of Treatment>>	09/23	Screen Print	DHS

<b>Form Number</b>	<b>Form Title</b>	<b>Revision Date</b>	<b>Order Info</b>	<b>Owner</b>
	Women's Health Medicaid Physician's Statement of Treatment (Spanish)	04/23	Screen Print	DHS
	Women's Health Medicaid Review Form (Obsolete as of 21/2022)	01/14	Screen Print	DHS