



# FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner



James K. Whelan, Deputy Commissioner  
Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner  
Office of Procedures

## **POLICY DIRECTIVE #06-27-ELI** *(This Policy Directive Replaces PD #02-33-ELI)*

### **SEPARATE MEDICAID DETERMINATION**

<b>Date:</b> August 30, 2006	<b>Subtopic(s):</b> Medicaid
<b>AUDIENCE</b>	The instructions provided in this policy directive are for Job Center staff and serve as information for all others.
<b>REVISIONS TO ORIGINAL DIRECTIVE</b>	<p>This policy directive has been revised to reflect the following updates and changes:</p> <ul style="list-style-type: none"> <li>• The new electronic referral process for separate Medicaid determinations for all Job Centers except the Riverview Job Center has been added.</li> <li>• The Fair Hearing Implications section has been updated to reflect current procedure.</li> </ul>
<b>POLICY</b>	If the reason for denying an application for public assistance (PA) does not apply to Medicaid/medical assistance (MA), a separate Medicaid determination is required.
<b>REQUIRED ACTION</b>  <b>MAP-2020</b> is included in the <a href="#">PA Application Kit</a>	The JOS/Worker must ensure that all applicants are given the “Yes You Can Still Apply for Medicaid/Family Health Plus” brochure ( <a href="#">MAP-2020</a> ). This brochure provides information to the applicant on his/her right to a separate MA determination if the PA application is denied or if s/he chooses not to proceed with the PA application and withdraws the application.

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 2 at the prompt followed by 765 or  
send an e-mail to *FIA Call Center*

During the initial interview, the JOS/Worker must ask the applicant if s/he wishes to apply for MA. If the applicant has not indicated that s/he wishes MA during the POS application interview or on the paper version of the Statewide Common Application ([LDSS-2921](#)), the JOS/Worker must advise him/her that s/he may be eligible for MA and encourage him/her to apply for MA.

Sometimes applicants apply for PA and FS but choose not to apply for MA. In such cases, if the PA application is denied, a separate determination for MA is not required.

### Denials of the Public Assistance Application

If an applicant/household applied for both PA and FS and is determined ineligible for PA with a code that requires a separate Medicaid determination, a referral to the Medical Assistance Program (MAP) is required. (See the Referral from Public Assistance for Separate Determination of Medical Assistance [[M-42f](#)] for denial and closing codes that require a separate Medicaid determination.) If the PA application is denied for any reason listed on the [M-42f](#), the JOS/Worker must:

The [M-42f](#) is used by Riverview staff when preparing a separate Medicaid determination referral packet.

- prepare the Action Taken on Your Application Part A: Public Assistance, Food Stamps and Medical Assistance Coverage form ([LDSS-4013A NYC](#))/Action Taken on Your Application Part B: Public Assistance, Food Stamps and Medical Assistance Coverage ([LDSS-4013B NYC](#)) and:
  - check the Denied box in the Public Assistance section;
  - enter the reason and regulation citation for the denial of PA;
  - if a separate FS determination is not required, check the Denied box in the Food Stamp Benefits section;
  - enter the reason and regulation citation for the denial of FS;
  - check the Pended box in the Medical Assistance section;
  - complete all information requested.
- access the POS Turn-Around Document (TAD) ([LDSS-3517](#)) to reject the PA case with the appropriate code;
- follow the instructions below for the preparation of the separate Medicaid determination packet for the referral to MAP.

## Referring an Application for Separate Medicaid Determination

### **Riverview Job Center**

For cases requiring a separate MA determination at the Riverview Job Center, while the actual eligibility determination is made by the MAP Liaison, Riverview Job Center staff is responsible for preparing a separate MA determination referral packet containing all the information and documents the applicant provided and forwarding the packet to the on-site MAP Liaison.

The JOS/Worker processing the case must include the following in the referral packet:

- a copy of documents verifying citizenship/alien status;
- a copy of the Alcohol/Substance Abuse Screening Instrument ([LDSS-4571](#)) for all single adults aged 21 to 64 years and childless couples (the **LDSS-4571** is not required for persons under 21, those 65 or over, those certified blind or disabled, or adults in families with a deprivation factor);
- proof of income (e.g., four pay stubs for weekly pay and two pay stubs for biweekly pay) must be included for all employed household members;
- copies of resource documents (e.g., bankbooks, life insurance policy, real estate deed, etc.) with account/certificate numbers and dates;
- documentation of child/dependent care expenses, if available;
- a copy of the Finger Imaging Notice ([W-519](#)) for each adult (18 years or older) case member;
- the letter verifying pregnancy, if applicable, with expected date of confinement (EDC);

In addition, the JOS/Worker must:

- prepare the [M-42f](#), indicating the appropriate denial or closing code;
- generate a copy of the applicant's budget (only for excess income and resource denial codes);
- generate a copy of the TAD from POS;
- scan and index all documents in the referral packet including the **M-42f** into the electronic case record;
- forward the **M-42f** with copies of the required documentation to the AJOS I/PAA I for sign-off.

The AJOS I/PAA I must:

- ensure that the packet has all necessary documents;
- ensure that all documents in the packet including the **M-42f** have been scanned and indexed into the electronic case record;
- forward the separate MA determination referral packet to the Center Designee after review and sign-off of the case.

The Center Designee will:

- ensure that the separate MA determination referral packet has all necessary documents and a current TAD indicating that the case was rejected (RJ) or closed (CL);
- check the Case Inquiry option on the Welfare Management System (WMS) to ensure that the applicant/household is still in RJ/CL status:
  - enter an “X” in option 4 of the NYCWAY MAPPER Tracker to withdraw the separate Medicaid determination if the applicant has reapplied or has an active PA or MA case. These cases will not be forwarded to the MAP Liaison;
- fill out the Transmittal to Medical Assistance Program Liaison (**M-42n**) form if the case is still in RJ/CL status and scan and index the **M-42n** into the electronic case record for future reference;
- forward the packet to the on-site MAP Liaison with the completed **M-42n** placed on top of the packets.

Upon receipt of the separate Medicaid determination referral packet, the MAP Liaison will:

- sign the **M-42n**, acknowledging receipt, make a copy and return the copy to the Center Designee;
- access the WMS Inquiry System to ensure there is no active PA/MA case;
- place a “Y” in the Medicaid Separate Determination section of the NYCWAY MAPPER Tracker screen to acknowledge receipt of the case;
- begin processing the cases for Medicaid/Family Health Plus.

### Quality Control at Riverview Job Center

At the start of every week at the Riverview Job Center, the MAP Liaison and the Center Designee must access NYCWAY and generate and review the separate Medicaid determination activity to ensure that MAP has received a referral packet for every case that requires a separate Medicaid determination. The Riverview Job Center Designee must ensure that a referral packet is promptly prepared for each missing case listed on the report or that any discrepancy is resolved.

### **Job Centers (Other than Riverview Job Center)**

All Job Centers (other than the Riverview Job Center) must refer all cases requiring a separate Medicaid determination to MAP electronically through the NYCWAY MAPPER system. These Job Centers have a Center Designee who on a daily basis will:

- access the NYC Medicaid Separate Determination (MSD) Tracking report on MAPPER to review all cases requiring a referral to MAP for separate Medicaid determination;
- check the Case Inquiry option on WMS to ensure that the applicant/household is still in RJ/CL status:
  - if the applicant has reapplied or has an active PA or MA case, enter an “X” in option 4 of the NYCWAY MAPPER Tracker to withdraw the separate Medicaid determination. These cases will not be forwarded to the MAP Liaison;
- inform the MAP Liaison via e-mail of the number of cases that have been referred and are ready to be processed for separate MA determination.

Do not prepare and send the **M-42f** or **M-42n** in the electronic process.

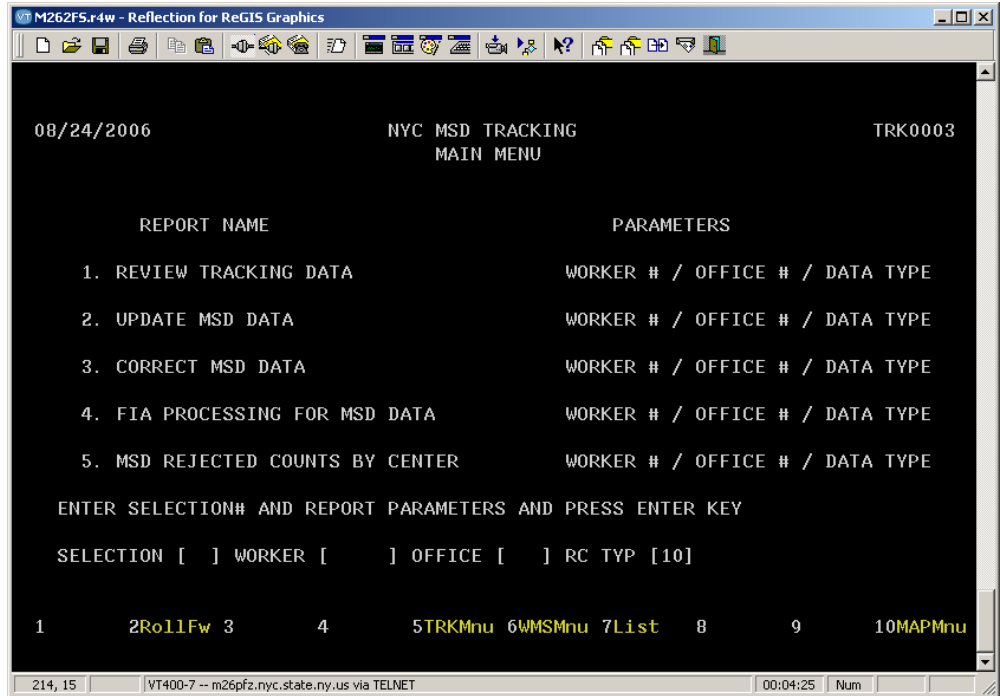
The MAP Liaison will have electronic access to all the case information on WMS, POS and NYCWAY MAPPER to assist in the determination. No further documentation needs to be forwarded to the MAP Liaison.

### Tracking Referrals to MAP

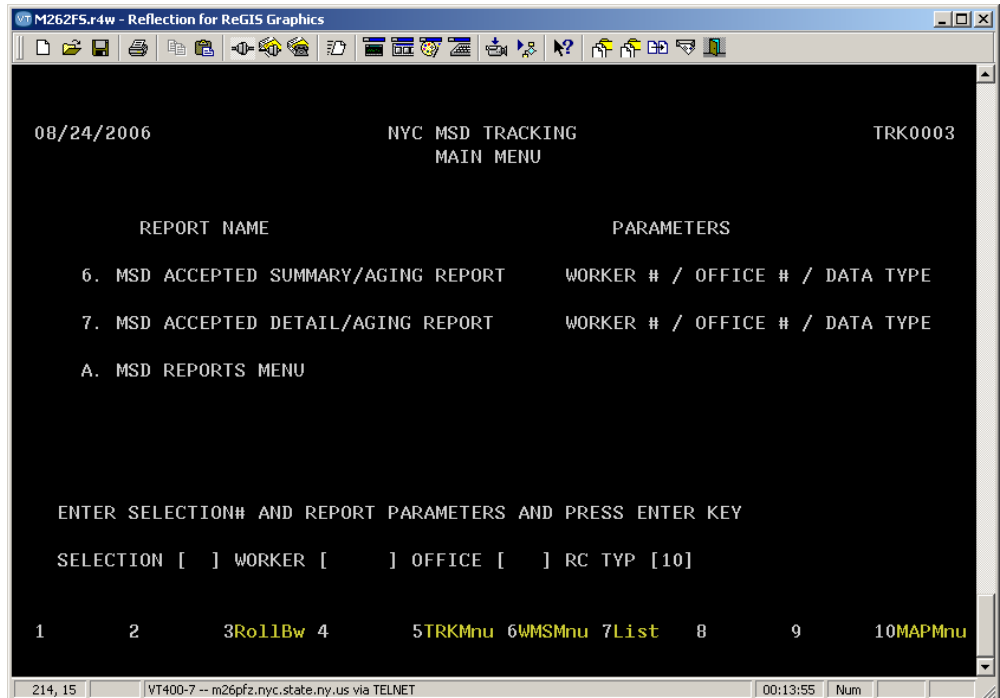
The NYCWAY MAPPER system provides a NYC MSD Tracking option which allows the Agency to track rejected PA cases (and single issuance closings) that require a separate Medicaid determination. It also allows staff to obtain an automated report of separate Medicaid determination activity in order to ensure that all cases receive a decision.

Accessing the Automated Report

NYC MSD Tracking  
Main Menu Options 1-5



NYC MSD Tracking  
Main Menu Options 6-7



Using NYCWAY, select one of the following options on the NYC MSD Tracking Main Menu:

- **Option 1 – Review Tracking Data:** This is an inquiry screen that indicates if a separate Medicaid determination referral packet has been received by MAP (code **Y**) or if it has been withdrawn (code **X**) by the Family Independence Administration (FIA). On the MSD Individual Inquiry Screen, in the Review Tracking Data Report section, the MA Case Number has been removed and is now replaced with Mailing DT (Mailing Date).
- **Option 2 – Update MSD Data:** This screen is used by MAP to indicate that a separate Medicaid determination referral packet has been received.
- **Option 3 – Correct MSD Data:** This screen is used to remove any code **Y** incorrectly entered in option 2.
- **Option 4 – FIA Processing for MSD Data:** This option is used by the Center Designee to withdraw a separate Medicaid determination.
- **Option 5 – MSD Rejected Counts by Center:** This screen lists each Center's denied applications, referrals made for separate Medicaid determination and MAP's action on each case. This screen uses three categories: Unprocessed, Processed by MAP and Processed by FIA.
  - The Unprocessed column includes the total number of cases that neither FIA nor MAP has reviewed. These cases require follow-up by the Center Designee.
  - The Processed by MAP column includes cases where a separate Medicaid determination referral packet has been received by MAP and is being processed.
  - The Processed by FIA column includes all cases where a separate Medicaid determination has been withdrawn or was not required (cases where the MA application was in Not Applying [NA] status and PA was denied with a code requiring a separate Medicaid determination).
- **Option 6 – MSD Accepted Summary/Aging Report:** This screen tracks FIA's handling of a particular Center's referrals based on the number of days that the case was rejected/closed, counting five, 10, 15 and 20 days since the WMS denial date. Please note that cases must be submitted to MAP no later than 20 days from the WMS PA application denial date.
- **Option 7 – MSD Accepted Detail/Aging Report:** This option provides details on each Center's outstanding referrals such as case number/suffix, case name, assigned Worker ID, rejection/closing code and number of days since the case was rejected/closed.

### Public Assistance Withdrawals

When the applicant elects not to pursue an application for PA but is interested in continuing the application for MA, the JOS/Worker must:

- use code **G92** (Client Request - Written - PA Only) or **G96** (Client Request - Verbal - PA Only) to withdraw the PA application;
- make a case entry stating the reason(s) for the withdrawal;
- prepare and have the applicant sign the Notification of Withdrawal: Cash Assistance, Food Stamps and Medical Assistance ([M-3mm](#)). Give a copy to the applicant.

Additional steps for Riverview Job Center staff are as follows:

- prepare the Job Center Routing Form ([W-680C](#));
- prepare the Referral to On-Site MAP Liaison (**W-132N**). Ensure that the MA application filing date on the **W-132N** is the same as the date the **LDSS-2921** was filed;
- file a copy of the **W-132N** in the referral packet and have the referral packet delivered to the on-site MAP Liaison with the **W-680C**;
- upon receipt of the **W-132N**, the MAP Liaison will interview the applicant for an eligibility determination. The MAP Liaison will accept the date on the **W-132N** as the original application filing date and will arrange for appropriate processing as an MA-only application.

### Medical Assistance Eligibility Based on Participation in Substance Abuse Screening and/or Assessment

As a condition of eligibility for MA, all adult applicants are required to participate in substance abuse (SA) screening and/or assessment, unless they are exempt. Individuals are exempt if they are:

- under age 21
- over age 64
- pregnant
- certified blind or disabled
- a single parent/caretaker with children under age 21

An applicant for whom an MA exemption applies and who is denied PA for refusing to comply with SA screening and/or assessment must receive a separate Medicaid determination.



Substance Abuse  
Screening

A nonexempt individual refusing to participate in the SA screening and/or assessment without good cause is ineligible for MA. The remaining household members, if otherwise eligible, may receive MA.

Substance Abuse  
Treatment

A nonexempt individual who is required and refuses without good cause to participate in an appropriate alcohol or substance abuse rehabilitation/treatment program is ineligible for MA. S/he is sanctioned/disqualified from receiving both PA and MA for the full sanction period or until compliance, whichever is later. The remaining household members may receive MA and Safety Net Non-Cash assistance.

When the individual complies with the recommended treatment requirements, MA coverage shall be authorized, if otherwise eligible.

MA Eligibility Extensions for Participants Whose PA Case is Being Closed

All PA case closing codes that do not clearly make the household ineligible for MA (e.g., death, non-State resident) will generate a future MA "To Date" that will allow the participant to remain eligible for a fixed period of time. This is usually for one month after the month of closing, unless otherwise specified. Closing codes that provide transitional benefits will allow MA to continue for up to an additional six months.

MA automatically continues on a closed case for:

- pregnant women for a period up to 60 days past the EDC;
- children under one year of age until their first birthday, if the mother was receiving MA on their date of birth;
- children, under age 19, who are eligible under the expanded poverty level or low-income family categories are continued for 12 months from the date of eligibility determination or redetermination.

All other PA case closings will extend MA benefits for a period of one month after the month of closing.

Prior to the end of the extended MA coverage, MAP will contact the household to report for a redetermination of MA eligibility.

**PROGRAM  
IMPLICATIONS**

Food Stamp  
Implications

Review the reason for denial/closing/removal of PA and, if appropriate, make a separate determination on FS as required. If the PA application is withdrawn but the FS application is not specified (signed) as withdrawn, a separate FS determination must be conducted.

Participation in SA screening and/or assessment is not a requirement for FS eligibility.

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**FAIR HEARING  
IMPLICATIONS**

Avoidance/  
Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences at Job  
Centers

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY and forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action to be taken. In addition, if the adverse case action still shows on the “Pending” (08) screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (LDSS-3722), change the 02 to an 01 if the case has been granted aid continuing (ATC), or prepare and submit a PA Recoupment Data Entry Form (LDSS-3573) to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report (M-186a).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency’s action(s) should stand, the AJOS/Supervisor I will explain to the applicant/participant why s/he cannot settle the issue(s) in conference (SIC). The AJOS/Supervisor I must complete an M-186a.

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets for Job Centers

All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY “Case Notes” screens.

**REFERENCES**

18 NYCRR 360-2.2

**ATTACHMENTS**

☞ Please use Print on Demand to obtain copies of forms.

- M-42f** Referral from Public Assistance for Separate Determination of Medical Assistance (Rev. 1/30/06)
- M-42n** Transmittal to Medical Assistance Program (Rev. 8/1/02)
- W-132N** Referral to On-Site MAP Liaison (Rev. 8/26/05)



To: \_\_\_\_\_  
(Medical Assistance Program Liaison)

Date: \_\_\_\_\_

From: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Job Center Number: \_\_\_\_\_

PA Application Filing Date: \_\_\_\_\_

PA:  Closing  Rejection

Date: \_\_\_\_\_

**Referral from Public Assistance for Separate Determination of Medical Assistance**  
(Complete and attach to PA case folder)

Check  appropriate code

PA Case Closing/ Denial Code	Closing/Denial Reason
<input type="checkbox"/> E30	Excess income (no TMA)
<input type="checkbox"/> E34	Excess income – receipt of SSI (HH=1)
<input type="checkbox"/> E72	Institutionalized (HH=1)
<input type="checkbox"/> E95	Died (HH=1)
<input type="checkbox"/> F12	Failure to apply for SSI
<input type="checkbox"/> F17	Failure to validate incorrect SSN (HH=1)
<input type="checkbox"/> F20	Failure to provide SSN (HH=1)
<input type="checkbox"/> F44*	Failure to comply with drug and/or alcohol screening (HH=1)
<input type="checkbox"/> F45*	Failure to comply with drug and/or alcohol assessment (HH=1)
<input type="checkbox"/> F46*	Failure to sign or revoke the treatment informational consent form (HH=1)
<input type="checkbox"/> F52	Failure to provide information – Federal reporting
<input type="checkbox"/> F53	Refusal by parent to apply for child
<input type="checkbox"/> F81	Refused photo ID (HH=1)
<input type="checkbox"/> F84	Failure to sign lien (HH=1)
<input type="checkbox"/> F92	Ineligible alien (timely)
<input type="checkbox"/> F93	Failure/refusal to sign citizenship/alien documentation (HH=1)
<input type="checkbox"/> F98	Client requests child care in lieu of temporary assistance
<input type="checkbox"/> FX1*	Failure to take part in rehabilitation – first occurrence (HH=1) (will create infraction record)
<input type="checkbox"/> FX2*	Failure to take part in rehabilitation – second occurrence (HH=1)
<input type="checkbox"/> FX3*	Failure to to take part in rehabilitation – third occurrence (HH=1)
<input type="checkbox"/> G41	Voluntary quit or reduced earnings – recipient (HH=1)
<input type="checkbox"/> G92	Client request – PA only (written)
<input type="checkbox"/> G96	Client request – PA only (verbal)
<input type="checkbox"/> M15	Failure to sign repayment or earnings assignment
<input type="checkbox"/> M35	Lump sum – no good reason provided
<input type="checkbox"/> M37	Lump sum – shortened ineligibility period, ineligible budget required
<input type="checkbox"/> M48	Refused parent's offer of a home
<input type="checkbox"/> M71	Continue applicant voluntary quit sanction (HH=1)

\*If under 21 or age 65 or older, refer for Medicaid Separate Determination. If between 21 and 64 (not yet 65), no Medicaid Separate Determination required.

PA Case Closing/ Denial Code	Closing/Denial Reason
<input type="checkbox"/> M76	Continue multi-benefit 10-year sanction (HH=1)
<input type="checkbox"/> M77*	Continue drug/alcohol sanction (HH=1) (no infraction record created)
<input type="checkbox"/> M78*	Continue intentional program violation (IPV) sanction (HH=1)
<input type="checkbox"/> M79	Fail to report absence of child (HH=1)
<input type="checkbox"/> M88	Failure to comply with finger imaging requirement (HH=1)
<input type="checkbox"/> N13	Failure to apply for or use benefits or resources
<input type="checkbox"/> N14	Household member failed to apply
<input type="checkbox"/> N16	Failure to contact Agency
<input type="checkbox"/> N17	Failure to complete eligibility process
<input type="checkbox"/> N19	Failure to complete requirement to look for work
<input type="checkbox"/> N21	Failure to complete employment assessment
<input type="checkbox"/> U40	Excess resources
<input type="checkbox"/> U41	Transfer of resources
<input type="checkbox"/> U42	Excess resources – failed to sell property
<input type="checkbox"/> U44	Excess resources – deemed resources of alien sponsor
<input type="checkbox"/> V21	Failure to provide verification (adequate)
<input type="checkbox"/> V23	Failure to provide verification – parent/spouse
<input type="checkbox"/> V24	Failure to provide verification – grandparent
<input type="checkbox"/> V25	Failure to provide verification – filing suit
<input type="checkbox"/> W10	Fail to keep investigatory appointment
<input type="checkbox"/> W23	Failure to provide verification – parent/spouse
<input type="checkbox"/> W40	Failed/refused to become employed (HH=1)
<input type="checkbox"/> WE1	Failure to comply with employment requirements (HH=1) (timely)
<input type="checkbox"/> WE2	Failure to comply with employment requirements (HH=1) (timely)
<input type="checkbox"/> WE3	Failure to comply with employment requirements (HH=1) (timely)
<input type="checkbox"/> WS1*	Six months 1st offense – less than \$1,000 (HH=1) manual notice required
<input type="checkbox"/> WS2*	Twelve months 2nd offense – less than \$3,900 (HH=1) manual notice required
<input type="checkbox"/> WS3*	Twelve months 1st offense amount between \$1,000 and \$3,900 (HH=1) manual notice required
<input type="checkbox"/> WS4*	Eighteen months if 3rd offense (HH=1) – manual notice required
<input type="checkbox"/> WS5*	Eighteen months if 1st offense more than \$3,900 (HH=1) manual notice required
<input type="checkbox"/> WS6*	Eighteen months if 2nd offense more than \$3,900 (HH=1) manual notice required
<input type="checkbox"/> WS7*	Five years 4th or subsequent offense (HH=1) – manual notice required
<input type="checkbox"/> WS8*	Court-ordered disqualification (HH=1) manual notice required
<input type="checkbox"/> Y50	Client request to withdraw application (POS)
<input type="checkbox"/> Y95	Case closed after being accepted for emergency assistance – manual notice required

\*If under 21 or age 65 or older, refer for Medicaid Separate Determination. If between 21 and 64 (not yet 65), no Medicaid Separate Determination required.

PA/MA Individual Line Denial Code	Individual Line Denial Reason
<input type="checkbox"/> E94	Receiving SSI
<input type="checkbox"/> F35	Fleeing felon/prob. – parole violator (PA only)
<input type="checkbox"/> F75	Temporary absence of minor
<input type="checkbox"/> F76	Minor parent not in school (PA only)
<input type="checkbox"/> F88	Failure to comply w/ AFIS – NLRR (PA only)
<input type="checkbox"/> F92	Ineligible alien
<input type="checkbox"/> F93	Failure/refusal to sign citizenship/alien declaration
<input type="checkbox"/> M33	Excess income – deemed income of alien sponsor (PA only)
<input type="checkbox"/> N31	Voluntary quit: applicant (denial only)
<input type="checkbox"/> N44	Fail to get medical statement (PA only)
<input type="checkbox"/> N49	Living arrangements – preg./minor parent – no H/S claim (PA only)
<input type="checkbox"/> N50	Living arrangements – preg./minor parent – H/S claim denied (PA only)
<input type="checkbox"/> U44	Excess resources – deemed resources of alien sponsor (PA only)
<input type="checkbox"/> Y98	Other – manual notice req. (no MA Ext./E)
<input type="checkbox"/> Y99	Other – manual notice req. – 1-mo. MA extension

**Exception reason (check  reason that this case should not be given a Medicaid Separate Determination)**

- Applicant declines a Medicaid Separate Determination
- All members on PA application are currently Medicaid recipients or applicants
- PA denial reason (code) also disqualifies applicant from MA (please specify):



## Referral to On-Site MAP Liaison

If you are interested in continuing your application for Medicaid, fill out the boxed area of this form and submit this referral to the on-site Medical Assistance Program (MAP) Liaison today. If you cannot or did not meet with the MAP Liaison today, please return tomorrow or call the telephone number for the Liaison below to schedule an appointment.

Otherwise, you may still apply for Medicaid at a Medicaid office at any time. If you choose to go to a community Medicaid office instead, you do not need to bring this form. If you have medical bills within the past three months prior to applying for Medicaid, be sure to bring them with you. If determined eligible, you may be entitled to benefits from the original filing date, or if you have bills, three months prior to your filing date.

Name: _____		
Address: _____ _____		
City: _____	State: _____	Zip: _____
Signature: _____	Date: _____	

**SAMPLE**

**For Office Use Only**

**To:** MAP Liaison  
Liaison Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Re:** Applicant Name: \_\_\_\_\_ SSN, if known: \_\_\_\_\_  
First Name M.I. Last Name

**From:** Center: \_\_\_\_\_

JOS/Worker Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

The **application filing date** for the above individual is \_\_\_\_\_  
Date

\_\_\_\_\_  
JOS/Worker's Signature Referral Date