

MAN 3480: Administration of the Medicaid Program

Appendix F: FORMS Table of Contents

Voter Registration Information:					
* For a copy of the Voter Registration Application Form and information on how to apply to register to vote, visit: http://sos.ga.gov/index.php/elections/register_to_vote . Also, refer to Form # VRA-95.					
Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
		Overview			
GA Secretary of State	VRA-95	Voter Registration Application Form			GA Secretary of State http://sos.ga.gov/index.php/elections/register_to_vote
OSAH	1	Hearing Request		12/14	Screen Print
DCH	1	PeachCare for Kids Flyer (English)			DXC
DCH	6	LOC Approval/NH			GHP
DCH	6A	Physician's Recommendation for Pediatric Care	6Ai	01/18	Screen Print
DCH	7	Level of Care Reevaluation for NOW/COMP		10/19	
DCH	12	PeachCare for Kids Application (English)			DXC
DCH	21	PeachCare for Kids Handbook			DXC
DCH	41	PeachCare for Kids Handbook (Spanish)			DXC
DCH	59	Authorization for NH Facility Reimbursement/Vendor Payment			GHP
DHS	71	Medicaid Disability Determination Inquiry		02/11	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	75	Loving Care (Health, Nutrition & Safety)			
DHS	94	Medicaid Application		09/16	SO
DHS	94 Sp	Medicaid Application (Spanish)		09/16	SO
DHS	94A	Medicaid Streamlined Application		09/17	SO
DHS	94A SP	Medicaid Streamlined Application (Spanish)		09/17	SO
DHS	Appendix A	Streamlined Application Appendix A		09/17	SO
DHS	Appendix A SP	Streamlined Application Appendix A (Spanish)		09/17	SO
DHS	Appendix B	Streamlined Application Appendix B		09/17	SO
DHS	Appendix B SP	Streamlined Application Appendix B (Spanish)		09/17	SO
DHS	Appendix C	Streamlined Application Appendix C		09/17	SO
DHS	Appendix C SP	Streamlined Application Appendix C (Spanish)		09/17	SO
DHS	95	Contact Letter and Information/Verification Checklist for Family Medicaid		10/12	SO
DHS	95 Sp	Contact Letter and Information/Verification Checklist for Family Medicaid (Spanish)		10/12	SO
DHS	106	Insurance Clearance		04/04	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	107	SSI Status Change		02/10	SO
DHS	118 Sp	Request for a Hearing-(Spanish)		02/10	Screen Print
DHS	122	Foster Care Referral Form			Forms OL
DHS	123	Interagency/Interoffice Update and Follow-Up			Forms OL
DCH	124	Application for Health Insurance Premium Payments	124i	12/11	Screen Print
DCH	125	PeachCare for Kids Application (Spanish)			DXC
DHS	129	Recipient Notice for Spousal Impoverishment		10/12	Screen Print
DHS	130	TANF and Family Medicaid Child and medical Support Letter		10/12	SO
DHS	130SP	TANF and Family Medicaid Child and Medical Support Letter (Spanish)		09/04	SO
DHS	136	County Request for Final Appeal		02/10	Screen Print
DHS	138	Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate with DCSS		10/12	SO
DHS	138SP	Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate with CSE (Spanish)		12/08	SO
DHS	139	Contribution Statement		02/10	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	139SP	Contribution Statement (Spanish)		02/10	SO
DHS	171	Parent to Child Deeming Worksheet		10/12	Screen Print
DHS	172	ABD MAO Individual/Couple/Spouse to Spouse Deeming	172i	10/12	Screen Print
DHS	173	Verification Checklist	173i	06/10	Screen Print
DHS	173 SP	Verification Checklist (Spanish)		11/09	Screen Print
DHS	185	Affidavit of Paternity		10/12	SO
DHS	188	Social Data Report	188i	04/04	SO
DHS	214	Medicaid Notification Form		10/12	SO
DHS	214 SP	Medicaid Notification Form (Spanish)		11/07	SO
DHS	216	Declaration of Citizenship Eng/SP		09/18	SO
DHS	217	Affidavit to Establish Identity for Medicaid Applicant/Recipients < 16		10/12	SO
DHS	217SP	Affidavit to Establish Identity for Medicaid Applicant/Recipients < 16 (SP)		10/12	SO
DHS	218	Citizenship/Identity Verification Checklist		01/14	Screen Print
DHS	218SP	Citizenship/Identity Verification Checklist (Spanish)		01/14	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	219	Affidavit of Facts Concerning Citizenship	219i	10/12	Screen Print
DHS	219 Sp	Affidavit of Facts Concerning Citizenship (Spanish)	219i	10/12	Screen Print
DHS	223	Medicaid and IV-E Application for Foster Care	223i	10/12	Screen Print
DHS	224	Removal Home Income and Asset Checklist	224i	10/12	Screen Print
DHS	225	IV-E Eligibility Documentation Sheet	225i	10/12	Screen Print
DHS	226	Medicaid and IV-E Redetermination Form	226i	10/12	Screen Print
DHS	227	Notification of Change in Foster Care or Adoption Assistance	227i	10/12	Screen Print
DHS	238	Medically Needy Budget Sheet		08/11	SO
DHS	239	TANF/Medicaid Budget Sheet		11/09	SO
DFCS	245	SMEU Request Form	245i	08/21	Screen Print
DHS	256	Interview Guide for TANF/FS/Medicaid			SO
DCH	285	Third Party Liability	285i		HP

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	297	Application for TANF, Food Stamps or Medical Assistance <i>For voter registration information, refer to the * on page 1.</i>		09/20	SO
DHS	297 Sp	Application for TANF, Food Stamps or Medical Assistance (Spanish) <i>For voter registration information, refer to the * on page 1.</i>		09/20	SO
DHS	297	Application f or TANF, Food Stamps or Medical Assistance (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese)			Hard Copy Only
DHS	297A	Rights and Responsibilities		09/20	SO
DHS	297A (Sp)	Rights and Responsibilities (Spanish)		09/20	SO
DHS	297A	Rights and Responsibilities (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese)			Hard Copy Only
DHS	297M	Medicaid Addendum to Form 297		1/14	SO
DHS	297M	Medicaid Addendum to Form 297 (SP)		3/12	SO
DHS	298Q	Q Track Addendum Renewal Form		01/14	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DCH	315	Official Notice of Georgia Medicaid Estate Recovery Program		10/21	Screen Print
DCH	315	Official Notice of Georgia Medicaid Estate Recovery Program(Large Print)		10/21	Screen Print
DCH	315 SP	Official Notice of Georgia Medicaid Estate Recovery Program (Spanish)		10/21	Screen Print
DCH	315 SP	Official Notice of Georgia Medicaid Estate Recovery Program (Large Print Spanish)		10/21	Screen Print
DCH	327	Estate Recovery Notification Form		04/22	Screen Print
DCH	400	Medically Needy First Day Liability Authorization for Reimbursement		04/93	Hard Copy Only
Adoptions	403	Adoption Assistance Benefits Memorandum		07/08	Screen Print
DHS	508	Food Stamp, TANF, Medicaid Renewal Form <i>For voter registration information, refer to the * on page 1.</i>		09/20	SO
DHS	508 SP	Food Stamp, TANF, Medicaid Renewal Form (Spanish) <i>For voter registration information, refer to the * on page 1.</i>		09/20	SO
DCH	526	Physician's Statement for EMA		12/05	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	700	Application for Medicaid & Medicare Savings for Qualified Beneficiaries		5/11	SO
DHS	700 Sp	Application for Medicaid & Medicare Savings for Qualified Beneficiaries		5/11	SO
DHS	701	Q-Track Brochure		10/12	SO
DCH	704	TEFRA/Katie Beckett Cost Effectiveness Form		04/05	Screen Print
DCH	705	TEFRA/Katie Beckett LOC Determination Routing Form		5/12	Screen Print
DCH	706	TEFRA/Katie Beckett Medical Necessity LOC Statement	706i	02/18	Screen Print
DHS	713	Interagency Interoffice referral/ Follow Up		11/10	SO
DHS	809	Verification of Earned Income		10/12	SO
DHS	809SP	Verification of Earned Income (Spanish)		03/08	
DCH	938	Understanding Medicaid (Spanish)			DXC
DCH	939	Understanding Medicaid			DXC
DHS	942	IME Verification Form	942i	10/12	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	943	Notification of Deduction of Medical Expense		10/12	Screen Print
DHS	950	Facility Action Request		10/12	SO
DHS	957	Resource Clearance		04/04	SO
DHS	958	Nursing Facility Information Request		10/05	SO
DHS	962	Certification of Medicaid Eligibility	962i	6/18	SO
DHS	963	Medicaid Notification Form	963i	01/07	SO
DHS	968	MN PL Budget Sheet		10/12	Screen Print
DHS	969	Living Arrangement Determination - LA/ISM Guide		10/12	Screen Print
DHS	970	VA Communication Form		10/12	SO
DHS	981	Contact Letter and Information/Verification Checklist for Aged, Blind and Disabled Medicaid		3/11	SO
DHS	981SP	Contact Letter and Information/Verification Checklist for Aged, Blind and Disabled Medicaid (Spanish)		11/08	SO
DHS	985	Burial Exclusion and Designation		02/10	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	986	MAO Cemetery Lot Verification		10/12	Screen Print
DHS	987	Designation of Cemetery Lot		04/04	Screen Print
DHS	991	MAO Property Search Record		10/12	SO
DHS	992	MAO Control Sheet		10/12	Screen Print
MHDD AD	1008	NOW/COMP MR/DD		01/09	Screen Print
Social Security	1610-U2	Public Assistance Agency Information		02/82	SSA
DCH	3327	Health Check Brochure - English		09/14	DXC
DCH	3328	Health Check Brochure - Spanish			DXC
DCH	3329	Health Check Brochure – Braille			DXC
DHS	5459	Authorization for Release of Information		07/16	SO
DHS	5459 Sp	Authorization for Release of Information		07/16	SO
DHS	5460	Notice of Privacy Practices (English)		1/21	
DHS	5460 Sp	Notice of Privacy Practices (Spanish)		1/21	

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	5460	Notice of Privacy Practices (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese)			Hard Copy Only
INS	G-845-S	INS SAVE Document Verification			DHS
Social Security	SS-5	Application for a Social Security Card			SSA
DHS		ABD CAR Reduction Request		01/07	Screen Print
DHS		Absent Parent Information Form		11/09	Screen Print
DHS		AFDC Budget Sheet		10/12	Screen Print
DHS		Annuity Issuer Notification		07/07	Screen Print
MHDDAD		Application for Mental Retardation of Developmental Disabilities Services		05/03	N/A
DHS		Burial Contract Verification		10/12	Screen Print
Aging		CCSP Level of Care and Placement Instrument			N/A

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
Aging		Community Care Communicator	CCCi		N/A
DHS		Providing Verification of Citizenship for Medicaid		05/08	Screen Print
DHS		Providing Verification of Citizenship for Medicaid (SP)		05/08	Screen Print
DHS		Foster Care Worker Card		04/04	Screen Print
DHS		Disabilities Fact Sheet		08/08	Screen Print
DHS		ICAMA Member Contact List			N/A
DHS		ICAMA Non-Member Contact List			
DCH		IME Pricing Document		08/10	N/A
DCH		IME Query Form		02/10	Screen Print
DHS		IV-E Budget Sheet		10/12	Screen Print
DHS		Letter of Non-Cooperation with DCSS		10/12	Screen Print
MHDDAD		Level of Care Agreement			N/A

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS		Medicaid Review Response Form			Screen Print
DHS		Medically Needy Option Statement		05/15	Screen Print
DHS		Medicare Buy-In Problem Template		05/21	Screen Print
DHS		Medicare Savings Programs Request for Information		01/14	Screen Print
DHS		Members to Be Removed from Q-Track Exparte Lists		08/11	Screen Print
DHS		Members to Be Removed from RSM Exparte Lists		08/11	Screen Print
DCH		Non-Emergency Transportation Broker Sheet		04/07	Screen Print
DCH		Non-Emergency Transportation Broker Sheet (Spanish)		04/07	Screen Print
DCH		Notice of Review of Annuity		10/12	Screen Print
DHS		Notice of Review of Promissory Note, Loan, or Property Agreement		10/12	Screen Print
DHS		Notice of Termination of Medicaid Benefits Due to Contract(s)		10/12	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
CMS		(Medicare) Part D Complaint Checklist			Screen Print
DHS		Notification of Eligibility-EMA		04/06	Screen Print
DHS		Notification of Eligibility-EMA (Sp)		04/06	Screen Print
DHS		PeachCare for Kids Referral Letter		10/12	Screen Print
DHS		PeachCare for Kids Report Back		5/15	Screen Print
DCH		PeachCare Special Request Form			Screen Print
DHS		QIT Approved Format Deviation		09/04	Screen Print
DCH		QIT Approved Template 1		07/19	Screen Print
DCH		QIT Certification		06/04	Screen Print
DCH		QIT Checklist		01/06	Screen Print
DCH		QIT Frequently Asked Questions and Worksheet	QIT FAQ Instructions	01/14	
DHS		QIT Review Letter		10/12	Screen Print
DCH		QIT Trustee Guide		01/14	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS		Quarterly Report Form		10/12	Screen Print
DHS		Record of Life Insurance Policies		01/07	Screen Print
DHS		SSI Continuing Medicaid Determination (Ex Parte Cover letter)		07/19	Screen Print
DHS		SSI Continuing Medicaid Determination (Ex Parte Cover letter) Notice SPANISH		7/19	Screen Print
DHS		OptumRX Prescription Update Template		05/19	Screen Print
DCH		Special Needs Trust Routing Form		05/15	Screen Print
DHS		TEFRA/Katie Beckett Cover Letter		5/12	Screen Print
DHS		TEFRA/Katie Beckett Cover Letter (Sp)		04/05	Screen Print
DHS		TEFRA/Katie Beckett Worksheet		08/11	Screen Print
DHS		Undue Hardship Waiver Application		02/08	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS		Undue Hardship Waiver Letter		02/07	Screen Print
DHS		Women's Health Medicaid Physician's Statement of Treatment		01/18	Screen Print
DHS		Women's Health Medicaid Review Form		01/14	Screen print

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