

MAN 3480: Administration of the Medicaid Program

Appendix F: FORMS Table of Contents

| Form Owner | Form Number | Form Name | Instructions | Revision Date | Order Info |
|------------|-------------|---|---------------------|---------------|--------------|
| | | Overview | | | |
| OSAH | 1 | Hearing Request | | 02/03 | Screen Print |
| DCH | 1 | PeachCare for Kids Flyer (English) | | | HP |
| DCH | 6 | LOC Approval/NH | | | GHP |
| DCH | 6A | Physician's Recommendation for Pediatric Care (legal size) | 6Ai | 11/11 | Screen Print |
| DCH | 7 | LOC Re-Evaluation/NOW/COMP | | 01/14 | Screen Print |
| DCH | 12 | PeachCare for Kids Application (English) | | | HP |
| DCH | 21 | PeachCare for Kids Handbook | | | HP |
| DCH | 41 | PeachCare for Kids Handbook (Spanish) | | | HP |
| DCH | 59 | Authorization for NH Facility Reimbursement/Vendor Payment | | | GHP |
| DHS | 71 | Medicaid Disability Determination Inquiry | | 02/11 | Screen Print |
| DHS | 75 | Loving Care (Health, Nutrition & Safety Tips) | | | |
| DHS | 94 | Medicaid Application | | 10/12 | SO |
| DHS | 94 Sp | Medicaid Application (Spanish) | | 10/12 | SO |
| DHS | 94A | Medicaid Streamlined Application | | 01/14 | |
| DHS | 94A SP | Medicaid Streamlined Application (Spanish) | | 01/14 | |
| | | | | | |
| 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) | | 01/07 | SO |
| DHS | 106 | Insurance Clearance | | 04/04 | SO |
| DHS | 107 | SSI Status Change | | 02/10 | SO |
| DHS | 118 | Request for a Hearing | | 10/12 | Screen Print |

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|------------|-------------|--|----------------------|---------------|--------------|
| 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) | | | HP |
| 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 CSE | | 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 |
| 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 | 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 | 214SP | Medicaid Notification Form (Spanish) | | 11/07 | SO |
| DHS | 216 | Declaration of Citizenship Eng/SP | | 01/14 | 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) | | 11/09 | Screen Print |

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|------------|-------------|--|----------------------|---------------|----------------|
| 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 | | 02/10 | Screen Print |
| DHS | 256 | Interview Guide for TANF/FS/Medicaid | | | SO |
| DCH | 285 | Third Party Liability | 285i | | HP |
| DHS | 297 | Application for TANF, Food Stamps or Medical Assistance | | 2/15 | SO |
| DHS | 297 Sp | Application for TANF, Food Stamps or Medical Assistance (Spanish) | | 2/15 | SO |
| DHS | 297 | Application for TANF, Food Stamps or Medical Assistance (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese) | | | Hard Copy Only |
| DHS | 297A | Rights and Responsibilities | | 4/14 | SO |
| DHS | 297A (Sp) | Rights and Responsibilities (Spanish) | | 4/14 | 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) | | 1/14 | SO |
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|------------|-------------|---|----------------------|---------------|----------------|
| DHR | 298Q | Q Track Addendum Renewal Form | | 01/14 | SO |
| DCH | 315 | Official Notice of Georgia Medicaid Estate Recovery Program | | 08/11 | Screen Print |
| DCH | 315SP | Official Notice of Georgia Medicaid Estate Recovery Program | | 08/11 | Screen Print |
| DCH | 327 | Estate Recovery Notification Form | | 11/08 | 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 | | 7/14 | SO |
| DHS | 508SP | Food Stamp, TANF, Medicaid Renewal Form (Spanish) | | 7/14 | SO |
| DCH | 526 | Physician's Statement for EMA | | 12/05 | Screen Print |
| 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 Care Plan | 706i | 08/11 | 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) | | | HP |
| DCH | 939 | Understanding Medicaid | | | HP |
| DHS | 942 | IME Verification Form | 942i | 10/12 | Screen Print |
| 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 |

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| DHS | 958 | Nursing Facility Information Request | | 10/05 | SO |
| DHS | 962 | Certification of Medicaid Eligibility | 962i | 5/12 | 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 Form | | 02/10 | SO |
| 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 |
| MHDDAD | 1008 | NOW/COMP MR/DD Communicator | | 01/09 | Screen Print |
| Social Security | 1610-U2 | Public Assistance Agency Information Request | | 02/82 | SSA |
| DCH | 3327 | EPSDT Brochure - English | | 09/14 | HP |
| DCH | 3328 | EPSDT Brochure - Spanish | | | HP |
| DCH | 3329 | EPSDT Brochure - Braille | | | HP |
| DHS | 5459 | Authorization for Release of Information | 10/11 | Admin Manual | SO |
| DHS | 5459Sp | Authorization for Release of Information | 10/11 | Admin Manual | SO |
| DHS | 5460 | Notice of Privacy Practices (English) | | 11/09 | SO |
| DHS | 5460 Sp | Notice of Privacy Practices (Spanish) | | 11/09 | SO |

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| DHS | 5460 | Notice of Privacy Practices (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese) | | | Hard Copy Only |
| Sec of State | AENV-03WP | Agency Preaddressed Postage Paid Envelopes for Voter Registration | | | Sec State |
| Sec of State | AFT-07 | Agency Daily Transmittal Forms | | | Sec State |
| Sec of State | DS-2007 | Declaration Statement – Voter Registration | | | Sec State |
| Sec of State | VRA-07 | Mail Voter Registration Application | | | Sec State |
| INS | G-845-S | INS SAVE Document Verification | | | DHS |
| Social Security | SS-5 | Application for a Social Security Card | | | SSA |
| Social Security | SSA-1020B | Application for Help with Medicare Prescription Drug Plan Costs | | | SSA |
| Social Security | SSA-1020B SP | Application for Help with Medicare Prescription Drug Plan Costs (Spanish) | | | SSA |
| DHS | | ABD CAR Reduction Request | | 01/07 | Screen Print |
| DHS | | Absent Parent Information Form | | 02/11 | Screen Print |
| DHS | | AFDC Budget Sheet | | 10/12 | Screen Print |
| DHS | | Annuity Issuer Notification | | 07/07 | Screen Print |
| MHDDAD | | Application for Mental Retardation or 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 |
| 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 |
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| DHS | | <u>Georgia Medicaid for Workers with Disabilities Fact Sheet</u> | | 08/08 | Screen Print |
| DHS | | <u>ICAMA Member Contact List</u> | | | N/A |
| DHS | | <u>ICAMA Non-Member Contact List</u> | | | |
| DCH | | <u>IME Pricing Document</u> | | 08/10 | N/A |
| DCH | | <u>IME Query Form</u> | | 02/10 | Screen Print |
| DHS | | <u>IV-E Budget Sheet</u> | | 10/12 | Screen Print |
| DHS | | <u>Letter of Non-Cooperation with DCSS</u> | | 10/12 | Screen Print |
| MHDDAD | | <u>Level of Care Agreement</u> | | | N/A |
| DHS | | <u>Medicaid Review Response Form</u> | | | Screen Print |
| DHS | | <u>Medically Needy Option Statement</u> | | 02/10 | Screen Print |
| DHS | | <u>Medicare Buy-In Problem Template</u> | | 10/12 | Screen Print |
| DHS | | <u>Medicare Savings Programs Request for Information</u> | | 01/14 | Screen Print |
| DHS | | <u>Members to Be Removed from Q-Track Exparte Lists</u> | | 08/11 | Screen Print |
| DHS | | <u>Members to Be Removed from RSM Exparte Lists</u> | | 08/11 | Screen Print |
| DCH | | <u>Non-Emergency Transportation Broker Sheet</u> | | 04/07 | Screen Print |
| DCH | | <u>Non-Emergency Transportation Broker Sheet (Spanish)</u> | | 04/07 | Screen Print |
| DCH | | <u>Notice of Review of Annuity</u> | | 10/12 | Screen Print |
| DHS | | <u>Notice of Review on Promissory Note, Loan or Property Agreement.</u> | | 10/12 | Screen Print |
| DHS | | <u>Notice of Termination of Medicaid Benefits Due to Contract(s)</u> | | 10/12 | Screen Print |
| CMS | | <u>(Medicare) Part D Complaint Checklist</u> | | | Screen Print |
| DHS | | <u>Notification of Eligibility-EMA</u> | | 04/06 | Screen Print |
| DHS | | <u>Notification of Eligibility-EMA (Sp)</u> | | 04/06 | Screen Print |
| DHS | | <u>PeachCare for Kids Referral Letter</u> | | 10/12 | Screen Print |
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| Form Owner | Form Number | Form Name | Instructions | Revision Date | Order Info |
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| DHS | | PeachCare for Kids Report Back Form | | 5/12 | Screen Print |
| DCH | | PeachCare Special Request Form | | | Screen Print |
| DHS | | QIT Approved Format Deviation Form | | 09/04 | Screen Print |
| DCH | | QIT Approved Template 1 | | 01/14 | Screen Print |
| DCH | | QIT Approved Template 2 | | 01/14 | 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 |
| DHS | | Quarterly Report Form | | 10/12 | Screen Print |
| DHS | | Record of Life Insurance Policies | | 01/07 | Screen Print |
| DHS | | SSI Continuing Medicaid Determination Notice | | 10/12 | Screen Print |
| DHS | | Catamaran Prescription Update Template | | 10/12 | Screen Print |
| DCH | | Special Needs Trust Routing Form | | 11/09 | 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 |
| DHS | | Undue Hardship Waiver Letter | | 02/07 | Screen Print |
| DHS | | Women's Health Medicaid Physician's Statement of Treatment | | 10/12 | Screen Print |
| DHS | | Women's Health Medicaid Review Form | | 10/12 | Screen print |

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