

# MAN 3480: Administration of the Medicaid Program

## Appendix F: FORMS Table of Contents

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
		<a href="#"><u>Overview</u></a>			
OSAH	1	<a href="#"><u>Hearing Request</u></a>		02/03	Screen Print
DMA	1	PeachCare for Kids Flyer (English)			ACS
DMA	6	LOC Approval/NH			GHP
DMA	6A	<a href="#"><u>Physician's Recommendation for Pediatric Care (legal size)</u></a>	<a href="#"><u>6Ai</u></a>	11/04	Screen Print
DMA	12	PeachCare for Kids Application (English)			ACS
DMA	21	PeachCare for Kids Handbook			ACS
DMA	41	PeachCare for Kids Handbook (Spanish)			ACS
DMA	59	Authorization for NH Facility Reimbursement/Vendor Payment			GHP
DHR	71	<a href="#"><u>Medicaid Disability Determination Inquiry</u></a>		02/10	Screen Print
DHR	75	Loving Care (Health, Nutrition & Safety Tips)			
DHR	94	<a href="#"><u>Medicaid Application</u></a>		02/10	SO
DHR	94 Sp	<a href="#"><u>Medicaid Application (Spanish)</u></a>		08/09	SO
DHR	95	<a href="#"><u>Contact Letter and Information/Verification Checklist for Family Medicaid</u></a>		01/07	SO
DHR	95 Sp	<a href="#"><u>Contact Letter and Information/Verification Checklist for Family Medicaid (Spanish)</u></a>		01/07	SO
DHR	106	<a href="#"><u>Insurance Clearance</u></a>		04/04	SO
DHR	107	<a href="#"><u>SSI Status Change</u></a>		02/10	SO
DHR	118	<a href="#"><u>Request for a Hearing</u></a>		02/10	Screen Print
DHR	118 Sp	<a href="#"><u>Request for a Hearing-(Spanish)</u></a>		02/10	Screen Print
DHR	122	Foster Care Referral Form			Forms OL

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHR	123	Interagency/Interoffice Update and Follow-Up			Forms OL
DMA	124	<a href="#">Application for Health Insurance Premium Payments</a>	<a href="#">124i</a>	04/04	Screen Print
DMA	125	PeachCare for Kids Application (Spanish)			ACS
DHR	129	<a href="#">Recipient Notice for Spousal Impoverishment</a>		02/10	Screen Print
DHR	130	<a href="#">TANF and Family Medicaid Child and medical Support Letter</a>		03/09	SO
DHR	130SP	<a href="#">TANF and Family Medicaid Child and Medical Support Letter (Spanish)</a>		09/04	SO
DHR	136	<a href="#">County Request for Final Appeal</a>		02/10	Screen Print
DHR	138	<a href="#">Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate with CSE</a>		12/08	SO
DHR	138SP	<a href="#">Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate with CSE (Spanish)</a>		12/08	SO
DHR	139	<a href="#">Contribution Statement</a>		02/10	SO
DHR	139SP	<a href="#">Contribution Statement (Spanish)</a>		02/10	SO
DHR	171	<a href="#">Parent to Child Deeming Worksheet</a>		04/04	Screen Print
DHR	172	<a href="#">ABD MAO Individual/Couple/Spouse to Spouse Deeming</a>	<a href="#">172i</a>	10/05	Screen Print
DHR	173	<a href="#">Verification Checklist</a>	<a href="#">173i</a>	11/09	Screen Print
DHR	173	<a href="#">Verification Checklist (Spanish)</a>		11/09	Screen Print
DHR	185	<a href="#">Affidavit of Paternity</a>		09/09	SO
DHR	188	<a href="#">Social Data Report</a>	<a href="#">188i</a>	04/04	SO
DHR	214	<a href="#">Medicaid Notification Form</a>		11/07	SO
DHR	214SP	<a href="#">Medicaid Notification Form (Spanish)</a>		11/07	SO
DHR	216	<a href="#">Declaration of Citizenship</a>		11/07	SO
DHR	216 SP	<a href="#">Declaration of Citizenship (Spanish)</a>		11/07	SO
DHR	217	<a href="#">Affidavit to Establish Identity for Medicaid Applicant/Recipients &lt; 16</a>		02/07	SO
DHR	217SP	<a href="#">Affidavit to Establish Identity for Medicaid Applicant/Recipients &lt; 16 (SP)</a>		02/07	SO
DHR	218	<a href="#">Citizenship/Identity Verification Checklist</a>		11/09	Screen Print
DHR	218SP	<a href="#">Citizenship/Identity Verification Checklist (Spanish)</a>		11/09	Screen Print
DHR	219	<a href="#">Affidavit of Facts Concerning Citizenship</a>	<a href="#">219i</a>	02/07	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHR	219 Sp	<a href="#">Affidavit of Facts Concerning Citizenship (Spanish)</a>	<a href="#">219i</a>	10/06	Screen Print
DHR	222	<a href="#">Medicaid Review Form</a>		06/09	SO
DHR	222 Sp	<a href="#">Medicaid Review Form (Spanish)</a>		06/09	SO
DHR	223	<a href="#">Medicaid and IV-E Application for Foster Care</a>	<a href="#">223i</a>	12/04	Screen Print
DHR	224	<a href="#">Removal Home Income and Asset Checklist</a>	<a href="#">224i</a>	12/04	Screen Print
DHR	225	<a href="#">IV-E Eligibility Documentation Sheet</a>	<a href="#">225i</a>	02/08	Screen Print
DHR	226	<a href="#">Medicaid and IV-E Redetermination Form</a>	<a href="#">226i</a>	07/05	Screen Print
DHR	227	<a href="#">Notification of Change in Foster Care or Adoption Assistance</a>	<a href="#">227i</a>	02/08	Screen Print
DHR	238	<a href="#">Medically Needy Budget Sheet</a>		04/04	SO
DFCS	245	<a href="#">SMEU Request Form</a>		02/10	Screen Print
DHR	256	Interview Guide for TANF/FS/Medicaid			SO
DMA	285	Third Party Liability	<a href="#">285i</a>		ACS
DHR	297	<a href="#">Application for TANF, Food Stamps or Medical Assistance</a>		10/06	SO
DHR	297 Sp	<a href="#">Application for TANF, Food Stamps or Medical Assistance (Spanish)</a>		10/06	SO
DHR	297	Application f or TANF, Food Stamps or Medical Assistance (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese)			Hard Copy Only
DHR	297A	<a href="#">Rights and Responsibilities</a>		01/09	SO
DHR	297A (Sp)	<a href="#">Rights and Responsibilities (Spanish)</a>		12/08	SO
DHR	297A	Rights and Responsibilities (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese)			Hard Copy Only
DHR	297M	<a href="#">Medicaid Addendum to Form 297</a>		11/09	SO
DHR	297M	<a href="#">Medicaid Addendum to Form 297 (SP)</a>		11/09	SO
DMA	315	<a href="#">Official Notice of Georgia Medicaid Estate Recovery Program</a>		08/06	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DMA	327	<a href="#">Estate Recovery Notification Form</a>		11/08	Screen Print
DMA	400	Medically Needy First Day Liability Authorization for Reimbursement		04/93	Hard Copy Only
Adoptions	403	<a href="#">Adoption Assistance Benefits Memorandum</a>		07/08	Screen Print
DMA	526	<a href="#">Physician's Statement for EMA</a>		12/05	Screen Print
DHR	700	<a href="#">Application for Medicaid &amp; Medicare Savings for Qualified Beneficiaries</a>		11/09	SO
DHR	700 Sp	<a href="#">Application for Medicaid &amp; Medicare Savings for Qualified Beneficiaries</a>		11/09	SO
DHR	701	<a href="#">Q-Track Brochure</a>		04/08	SO
DMA	704	<a href="#">TEFRA/Katie Beckett Cost Effectiveness Form</a>		04/05	Screen Print
DMA	705	<a href="#">TEFRA/Katie Beckett LOC Determination Routing Form</a>			Screen Print
DMA	706	<a href="#">TEFRA/Katie Beckett Care Plan</a>	<a href="#">706i</a>	04/05	Screen Print
DHR	809	<a href="#">Verification of Earned Income</a>		03/08	SO
DHR	809SP	<a href="#">Verification of Earned Income (Spanish)</a>		03/08	
DMA	938	Understanding Medicaid (Spanish)			ACS
DMA	939	Understanding Medicaid			ACS
DHR	942	<a href="#">IME Verification Form</a>	<a href="#">942i</a>	08/08	Screen Print
DHR	943	<a href="#">Notification of Deduction of Medical Expense</a>		07/04	Screen Print
DHR	950	<a href="#">Facility Action Request</a>		07/04	SO
DHR	957	<a href="#">Resource Clearance</a>		04/04	SO
DHR	958	<a href="#">Nursing Facility Information Request</a>		10/05	SO
DHR	962	Certification of Medicaid Eligibility	<a href="#">962i</a>	07/03	SO
DHR	963	Medicaid Notification Form	<a href="#">963i</a>	01/07	SO
DHR	968	<a href="#">MN PL Budget Sheet</a>		09/04	Screen Print
DHR	969	<a href="#">Living Arrangement Determination – LA/ISM Guide</a>		10/06	Screen Print
DHR	970	<a href="#">VA Communication Form</a>		10/06	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHR	981	<a href="#">Contact Letter and Information/Verification Checklist for Aged, Blind and Disabled Medicaid</a>		11/08	SO
DHR	981SP	<a href="#">Contact Letter and Information/Verification Checklist for Aged, Blind and Disabled Medicaid (Spanish)</a>		11/08	SO
DHR	985	<a href="#">Burial Exclusion and Designation Form</a>		02/10	SO
DHR	986	<a href="#">MAO Cemetery Lot Verification</a>		04/04	Screen Print
DHR	987	<a href="#">Designation of Cemetery Lot</a>		04/04	Screen Print
DHR	991	<a href="#">MAO Property Search Record</a>		07/05	SO
DHR	992	<a href="#">MAO Control Sheet</a>		04/04	Screen Print
MHDDAD	1008	<a href="#">NOW/COMP MR/DD Communicator</a>		01/09	Screen Print
Social Security	1610-U2	Public Assistance Agency Information Request		02/82	SSA
DMA	3327	Health Check Brochure - English			ACS
DMA	3328	Health Check Brochure - Spanish			ACS
DMA	3329	Health Check Brochure - Braille			ACS
DHR	5459	Authorization for Release of Information	04/03	Admin Manual	SO
DHR	5459Sp	Authorization for Release of Information	04/03	Admin Manual	SO
DHR	5460	<a href="#">Notice of Privacy Practices (English)</a>		11/09	SO
DHR	5460 Sp	<a href="#">Notice of Privacy Practices (Spanish)</a>		11/09	SO
DHR	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

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Sec of State	VRA-07	Mail Voter Registration Application			Sec State
INS	G-845-S	INS SAVE Document Verification			<a href="#">DHS</a>
Social Security	SS-5	Application for a Social Security Card			<a href="#">SSA</a>
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
DHR		<a href="#">ABD CAR Reduction Request</a>		01/07	Screen Print
DHR		<a href="#">Absent Parent Information Form</a>		11/09	Screen Print
DHR		<a href="#">AFDC Budget Sheet</a>		10/03	Screen Print
DHR		<a href="#">Annuity Issuer Notification</a>		07/07	Screen Print
MHDDAD		Application for Mental Retardation or Developmental Disabilities Services		05/03	N/A
DHR		<a href="#">Burial Exclusion form</a>		05/09	Screen Print
DHR		<a href="#">Burial Contract Verification</a>		05/09	Screen Print
Aging		<a href="#">CCSP Level of Care and Placement Instrument</a>			N/A
Aging		<a href="#">Community Care Communicator</a>	<a href="#">CCCi</a>		N/A
DHR		<a href="#">Providing Verification of Citizenship for Medicaid</a>		05/08	Screen Print
DHR		<a href="#">Providing Verification of Citizenship for Medicaid (SP)</a>		05/08	Screen Print
DHR		<a href="#">Foster Care Worker Card</a>		04/04	Screen Print
DHR		<a href="#">Georgia Medicaid for Workers with Disabilities Fact Sheet</a>		08/08	Screen Print
DHR		<a href="#">ICAMA Member Contact List</a>			N/A
DHR		<a href="#">ICAMA Non-Member Contact List</a>			
DCH		<a href="#">IME Pricing Document</a>		09/04	N/A
DCH		<a href="#">IME Query Form</a>		02/10	Screen Print
DHR		<a href="#">IV-E Budget Sheet</a>		10/03	Screen Print

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DHR		<a href="#">Letter of Non-Cooperation with OCSS</a>		12/08	Screen Print
MHDDAD		<a href="#">Level of Care Agreement</a>			N/A
DHR		<a href="#">Medically Needy Option Statement</a>		02/10	Screen Print
DHR		<a href="#">Medicare Buy-In Problem Template</a>		02/10	Screen Print
DCH		<a href="#">Non-Emergency Transportation Broker Sheet</a>		04/07	Screen Print
DCH		<a href="#">Non-Emergency Transportation Broker Sheet (Spanish)</a>		04/07	Screen Print
DCH		<a href="#">Notice of Review of Annuity</a>		07/05	Screen Print
DHR		<a href="#">Notice of Review on Promissory Note, Loan or Property Agreement.</a>		10/05	Screen Print
DHR		<a href="#">Notice of Termination of Medicaid Benefits Due to Contract(s)</a>		07/05	Screen Print
CMS		<a href="#">(Medicare) Part D Complaint Checklist</a>			Screen Print
DHR		<a href="#">Notification of Eligibility-EMA</a>		04/06	Screen Print
DHR		<a href="#">Notification of Eligibility-EMA (Sp)</a>		04/06	Screen Print
DHR		<a href="#">PeachCare for Kids Referral Letter</a>		07/05	Screen Print
DHR		<a href="#">PeachCare for Kids Report Back Form</a>		04/08	Screen Print
DHR		<a href="#">QIT Approved Format Deviation Form</a>		09/04	Screen Print
DCH		<a href="#">QIT Approved Template 1</a>		07/04	Screen Print
DCH		<a href="#">QIT Approved Template 2</a>		08/08	Screen Print
DCH		<a href="#">QIT Approved Template 3</a>		07/04	Screen Print
DCH		<a href="#">QIT Certification</a>		06/04	Screen Print
DCH		<a href="#">QIT Checklist</a>		01/06	Screen Print
DCH		<a href="#">QIT Frequently Asked Questions and Worksheet</a>	<a href="#">QIT FAQ Instructions</a>	04/05	
DHR		<a href="#">QIT Review Letter</a>		07/05	Screen Print

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DCH		<a href="#"><u>OIT Trustee Guide</u></a>		02/10	Screen Print
DHR		<a href="#"><u>Quarterly Report Form</u></a>		08/08	Screen Print
DHR		<a href="#"><u>Record of Life Insurance Policies</u></a>		01/07	Screen Print
DHR		<a href="#"><u>SSI Continuing Medicaid Determination Notice</u></a>		07/05	Screen Print
DHR		<a href="#"><u>SXC Prescription Update Template</u></a>		02/10	Screen Print
DCH		<a href="#"><u>Special Needs Trust Routing Form</u></a>		11/09	Screen Print
DHR		<a href="#"><u>TEFRA/Katie Beckett Cover Letter</u></a>		10/06	Screen Print
DHR		<a href="#"><u>TEFRA/Katie Beckett Cover Letter (Sp)</u></a>		4/05	Screen Print
DHR		<a href="#"><u>TEFRA/Katie Beckett Worksheet</u></a>			Screen Print
DHR		<a href="#"><u>Undue Hardship Waiver Application</u></a>		02/08	Screen Print
DHR		<a href="#"><u>Undue Hardship Waiver Letter</u></a>		02/07	Screen Print
DHR		<a href="#"><u>Women's Health Medicaid Physician's Statement of Treatment</u></a>		11/09	Screen Print
DHR		<a href="#"><u>Women's Health Medicaid Review Form</u></a>		11/09	Screen print

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