

Along with your Medicaid Application, completion of all enclosed forms is required. Forms with incomplete information will result in delays or could result in a denial of the claim.

If you need assistance completing the forms in this packet, please call the Healthy Connections Member Contact Center at **888-549-0820**. Use the following checklist as a guide to ensure the forms are properly completed.

IMPORTANT: Have you applied for Social Security Disability Benefits or Supplemental Security Income Benefits (SSI) within the last 12 months?

- ☐ Yes ☐ No – If “No,” you may apply online (socialsecurity.gov), at the Social Security office, or by phone.

Disability Report or Continuing Disability Report (Form 3218 or 3266)

- ☐ Complete in BLUE OR BLACK INK.
- ☐ Use LEGAL NAME of applicant (person applying for benefits).
- ☐ Provided correct social security number, date of birth, address, and phone number.
- ☐ List all of the doctors, hospitals, and treating facilities where applicant has been treated for a medical condition(s) in the last 15 months.
 - ☐ Submit all **medical records (as medical history, care or treatments received, test results, diagnoses, and medications taken)** for the providers that are listed for the applicant on the Disability Report for the past 15 months.
 - ☐ Submit all **therapy records** for the providers that are listed for the applicant on the Disability Report for the past 15 months.

NOTE: Failure to submit medical records will delay the processing of your disability determination. Be sure to submit the Disability Packet within 15 days of the date on the information request included with this packet, even if your medical records are not readily available. We may contact you for missing information.

- ☐ Provide a copy of the death certificate or death summary from the hospital if applying on behalf of an individual who has died.
- ☐ Answer every question and return all the pages of these forms.
- ☐ Mark as “N/A” if a question does not apply to you.

Authorization to Disclose Health Information (Form 921)

- ☐ Complete in BLUE OR BLACK INK.
- ☐ Sign with LEGAL NAME (Legal name is the registration of name at birth and appears on a birth certificate; jurisdictions permit or require a name change to be recorded at marriage or divorce; or government-issued documents (e.g., a court order)) and date. (If signed with an X, a witness signature is required.)
- ☐ If the applicant is unable to sign due to a health condition (such as coma or stroke), the person who signs must be a legally appointed representative. **Power of Attorney or other legal documentation must be enclosed.**