

PRESUMPTIVE ELIGIBILITY (PE) CFI/HCBC APPLICATION COVER SHEET FOR MEDICAID

COMMUNITY PARTNERS USE ONLY

Applicant Information

Please Print

Applicant Name: _____

Address & Telephone Number: _____

Contact Person Name: _____

Address & Telephone Number: _____

Checklist of Eligibility Forms and Verification Attached to This Cover Sheet

- Form 800, Application
- Form 811S, Statement of Understanding
- Income, Resources and Residency
- Form 1002 PE CFI HCBC
- Form 788, Authorized Representative
- Citizenship & Identity Verification
- Legal Liability Form
- Form 1003 PE CFI HCBC
- Form 770 Reimbursement Agreement

Checklist of Medical Information Attached to This Cover Sheet

- Form 177, Non-Medical Evaluation
- Verification of application for Social Security
- Medical records
- Form 900, Authorization to Release Medical Information (1 per provider)
- Medical Eligibility Determination Application Form – for Choices For Independence must be signed by applicant or guardian

Community Partner (please print)

Phone Number

Date

SERVICELINK/FSS USE ONLY

SLRC received the application on: Received on: _____ the 20 business days ends _____.
(The date that SLRC receives and date stamps the application packet is the date the 20 day clock begins)

Stamp Here

PE application was complete with all the forms(s) 1002, 1003, 1004, 900's 177 yes no

Contacted Community Partner for missing forms(s) yes no

PE application given to the FSS/Supervisor yes no _____ (date)

Remaining verifications due by: _____ (date) All verifications received: _____ (date)

Faxed to 271-7985 (BEAS) on _____ (date)

Eligibility PE Effective dates: From: _____ to: _____

Ineligible Reason: _____

Medicaid ID# _____

Copy provided to SLRC

E-Mail sent to BEAS

Signature of FSS: _____ Date: _____

NOTES: