

**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](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
		<a href="#">Overview</a>			
GA Secretary of State	VRA-95	Voter Registration Application Form			GA Secretary of State <a href="https://sos.ga.gov/sites/default/files/forms/GA_VR_APP_2019.pdf">https://sos.ga.gov/sites/default/files/forms/GA_VR_APP_2019.pdf</a>
OSAH	1	<a href="#">Hearing Request</a>		12/14	Screen Print
DCH	1	PeachCare for Kids Flyer (English)			Gainwell
DCH	6	LOC Approval/NH			Gainwell
DCH	6A	<a href="#">Physician's Recommendation for Pediatric Care</a>	<a href="#">6Ai</a>	01/18	Screen Print
DCH	7	<a href="#">Level of Care Reevaluation for NOW/COMP</a>		10/19	
DCH	21	PeachCare for Kids Handbook			Gainwell
DCH	41	PeachCare for Kids Handbook (Spanish)			Gainwell
DCH	59	Authorization for NH Facility Reimbursement/Vendor Payment			Gainwell
DHS	71	Medicaid Disability Determination Inquiry (Obsolete as of 09/2013)		02/11	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	94	<a href="#">Medicaid Application</a>		01/22	SO
DHS	94 LP	<a href="#">Medicaid Application (Large Print)</a>		01/22	SO
DHS	94 Sp	<a href="#">Medicaid Application (Spanish)</a>		01/22	SO
DHS	94 Sp LP	<a href="#">Medicaid Application (Large Print Spanish)</a>		01/22	SO
DHS	94A	<a href="#">Medicaid Streamlined Application</a>		01/22	SO
DHS	94A LP	<a href="#">Medicaid Streamlined Application (Large Print)</a>		01/22	SO
DHS	94A SP	<a href="#">Medicaid Streamlined Application (Spanish)</a>		01/22	SO
DHS	94A SP LP	<a href="#">Medicaid Streamlined Application (Large Print Spanish)</a>		01/22	SO
DHS	Appendix A	<a href="#">Streamlined Application Appendix A</a>		09/17	SO
DHS	Appendix A LP	<a href="#">Streamlined Application Appendix A (Large Print)</a>		09/17	SO
DHS	Appendix A SP	<a href="#">Streamlined Application Appendix A (Spanish)</a>		09/17	SO
DHS	Appendix A SP LP	<a href="#">Streamlined Application Appendix A (Large Print Spanish)</a>		09/17	SO
DHS	Appendix B	<a href="#">Streamlined Application Appendix B</a>		09/17	SO
DHS	Appendix B LP	<a href="#">Streamlined Application Appendix B (Large Print)</a>		09/17	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	Appendix B SP	<a href="#">Streamlined Application Appendix B (Spanish)</a>		09/17	SO
DHS	Appendix B SP LP	<a href="#">Streamlined Application Appendix B (Large Print Spanish)</a>		09/17	SO
DHS	Appendix C	<a href="#">Streamlined Application Appendix C</a>		09/17	SO
DHS	Appendix C LP	<a href="#">Streamlined Application Appendix C (Large Print)</a>		09/17	SO
DHS	Appendix C SP	<a href="#">Streamlined Application Appendix C (Spanish)</a>		09/17	SO
DHS	Appendix C SP LP	<a href="#">Streamlined Application Appendix C (Large Print Spanish)</a>		09/17	SO
DHS	106	<a href="#">Insurance Clearance</a>		04/04	SO
DHS	107	<a href="#">SSI Status Change</a>		02/10	SO
DHS	118 Sp	<a href="#">Request for a Hearing-(Spanish)</a>		02/10	Screen Print
DHS	123	Interagency/Interoffice Update and Follow-Up			Forms OL
DCH	124	<a href="#">Application for Health Insurance Premium Payments</a>	124i	11/21	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	129	<a href="#">Recipient Notice for Spousal Impoverishment</a>		10/12	Screen Print
DHS	130	<a href="#">TANF and Family Medicaid Child and medical Support Letter</a>		10/12	SO
DHS	130SP	<a href="#">TANF and Family Medicaid Child and Medical Support Letter (Spanish)</a>		09/04	SO
DHS	136	<a href="#">County Request for Final Appeal</a>		02/10	Screen Print
DHS	138	<a href="#">Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate with DCSS</a>		10/12	SO
DHS	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
DHS	139	<a href="#">Contribution Statement</a>		02/10	SO
DHS	139SP	<a href="#">Contribution Statement (Spanish)</a>		02/10	SO
DHS	171	<a href="#">Parent to Child Deeming Worksheet</a>		10/12	Screen Print
DHS	172	<a href="#">ABD MAO Individual/Couple/Spouse to Spouse Deeming</a>	172i	10/12	Screen Print
DHS	173	Verification Checklist	173i	06/10	Screen Print
DHS	173 SP	<a href="#">Verification Checklist (Spanish)</a>		11/09	Screen Print
DHS	184	<a href="#">SMEU Data Report</a>		08/22	SO
DHS	185	<a href="#">Affidavit of Paternity</a>		10/12	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	214	<a href="#">Medicaid Notification Form</a>		10/12	SO
DHS	214 SP	<a href="#">Medicaid Notification Form (Spanish)</a>		11/07	SO
DHS	216	<a href="#">Declaration of Citizenship Eng/SP</a>		09/18	SO
DHS	217	<a href="#">Affidavit to Establish Identity for Medicaid Applicant/Recipients &lt; 16</a>		10/12	SO
DHS	217SP	<a href="#">Affidavit to Establish Identity for Medicaid Applicant/Recipients &lt; 16 (SP)</a>		10/12	SO
DHS	218	<a href="#">Citizenship/Identity Verification Checklist</a>		01/14	Screen Print
DHS	218SP	<a href="#">Citizenship/Identity Verification Checklist (Spanish)</a>		01/14	Screen Print
DHS	219	<a href="#">Affidavit of Facts Concerning Citizenship</a>	219i	10/12	Screen Print
DHS	219 Sp	<a href="#">Affidavit of Facts Concerning Citizenship (Spanish)</a>	219i	10/12	Screen Print
DHS	223	<a href="#">Medicaid and IV-E Application for Foster Care</a>	223i	10/12	Screen Print
DHS	224	<a href="#">Removal Home Income and Asset Checklist</a>	224i	10/12	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	225	<a href="#">IV-E Eligibility Documentation Sheet</a>	225i	10/12	Screen Print
DHS	226	<a href="#">Medicaid and IV-E Redetermination Form</a>	226i	10/12	Screen Print
DHS	227	<a href="#">Notification of Change in Foster Care or Adoption Assistance</a>	227i	10/12	Screen Print
DHS	238	<a href="#">Medically Needy Budget Sheet</a>		08/11	SO
DHS	239	<a href="#">TANF/Medicaid Budget Sheet</a>		11/09	SO
DFCS	245	<a href="#">SMEU Request Form</a>	245i	10/22	Screen Print
DHS	256	Interview Guide for TANF/FS/Medicaid			SO
DCH	285	Third Party Liability	285i		Gainwell
DHS	297	<a href="#">Application for TANF, Food Stamps or Medical Assistance</a> <i>For voter registration information, refer to the * on page 1.</i>		12/21	SO
DHS	297 LP	<a href="#">Application for TANF, Food Stamps or Medical Assistance (Large Print)</a> <i>For voter registration information, refer to the * on page 1.</i>		12/21	SO
DHS	297 Sp	<a href="#">Application for TANF, Food Stamps or Medical Assistance (Spanish)</a> <i>For voter registration information, refer to the * on page 1.</i>		12/21	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	297 Sp LP	<a href="#">Application for TANF, Food Stamps or Medical Assistance (Large Print Spanish)</a> <i>For voter registration information, refer to the * on page 1.</i>		12/21	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	<a href="#">Rights and Responsibilities</a>		12/21	SO
DHS	297A LP	<a href="#">Rights and Responsibilities (Large Print)</a>		12/21	SO
DHS	297A SP	<a href="#">Rights and Responsibilities (Spanish)</a>		12/21	SO
DHS	297A SP LP	<a href="#">Rights and Responsibilities (Large Print Spanish)</a>		12/21	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 (Obsolete as of 12/2021)		01/14	SO
DHS	297M	Medicaid Addendum to Form 297 (SP) (Obsolete as of 12/2021)		01/14	SO
DHS	298Q	<a href="#">Q Track Addendum Renewal Form</a>		01/14	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DCH	315	<a href="#">Official Notice of Georgia Medicaid Estate Recovery Program</a>		10/21	Screen Print
DCH	315 LP	<a href="#">Official Notice of Georgia Medicaid Estate Recovery Program(Large Print)</a>		10/21	Screen Print
DCH	315 SP	<a href="#">Official Notice of Georgia Medicaid Estate Recovery Program (Spanish)</a>		10/21	Screen Print
DCH	315 SP LP	<a href="#">Official Notice of Georgia Medicaid Estate Recovery Program (Large Print Spanish)</a>		10/21	Screen Print
DCH	327	<a href="#">Estate Recovery Notification Form</a>		04/22	Screen Print
DCH	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
DHS	508	<a href="#">Food Stamp, TANF, Medicaid Renewal Form</a> <i>For voter registration information, refer to the * on page 1.</i>		12/21	SO
DHS	508 LP	<a href="#">Food Stamp, TANF, Medicaid Renewal Form (Large Print)</a> <i>For voter registration information, refer to the * on page 1.</i>		12/21	SO
DHS	508 SP	<a href="#">Food Stamp, TANF, Medicaid Renewal Form (Spanish)</a> <i>For voter registration information, refer to the * on page 1.</i>		12/21	SO



Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	508 SP LP	<a href="#">Food Stamp, TANF, Medicaid Renewal Form (Large Print Spanish)</a> <i>For voter registration information, refer to the * on page 1.</i>		12/21	SO
DCH	526	<a href="#">Physician's Statement for EMA</a>		12/05	Screen Print
DHS	700	<a href="#">Application for Medicaid &amp; Medicare Savings for Qualified Beneficiaries</a>		01/22	SO
DHS	700 LP	<a href="#">Application for Medicaid &amp; Medicare Savings for Qualified Beneficiaries (Large Print)</a>		01/22	SO
DHS	700 Sp	<a href="#">Application for Medicaid &amp; Medicare Savings for Qualified Beneficiaries</a>		01/22	SO
DHS	700 Sp LP	<a href="#">Application for Medicaid &amp; Medicare Savings for Qualified Beneficiaries (Large Print Spanish)</a>		01/22	SO
DHS	701	<a href="#">Q-Track Brochure</a>		10/12	SO
DCH	704	<a href="#">TEFRA/Katie Beckett Cost Effectiveness Form</a>		04/05	Screen Print
DCH	705	<a href="#">TEFRA/Katie Beckett LOC Determination Routing Form</a>		05/12	Screen Print
DCH	706	<a href="#">TEFRA/Katie Beckett Medical Necessity LOC Statement</a>	706i	02/18	Screen Print
DHS	713	<a href="#">Interagency Interoffice referral/ Follow Up</a>		11/10	SO
DHS	809	<a href="#">Verification of Earned Income</a>		06/16	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	809 SP	<a href="#">Verification of Earned Income (Spanish)</a>		06/16	
DCH	938	Understanding Medicaid (Spanish)			Gainwell
DCH	939	Understanding Medicaid			Gainwell
DHS	942	<a href="#">IME Verification Form</a>	942i	10/12	Screen Print
DHS	943	<a href="#">Notification of Deduction of Medical Expense</a>		10/12	Screen Print
DHS	950	<a href="#">Facility Action Request</a>		10/12	SO
DHS	957	<a href="#">Resource Clearance</a>		04/04	SO
DHS	958	<a href="#">Nursing Facility Information Request</a>		10/05	SO
DHS	962	Certification of Medicaid Eligibility	962i	06/18	SO
DHS	963	Medicaid Notification Form	963i	01/07	SO
DHS	968	<a href="#">MN PL Budget Sheet</a>		10/12	Screen Print
DHS	969	<a href="#">Living Arrangement Determination - LA/ISM Guide</a>		10/12	Screen Print
DHS	970	<a href="#">VA Communication Form</a>		10/12	SO
DHS	981	<a href="#">Contact Letter and Information/Verification Checklist for Aged, Blind and Disabled Medicaid</a>		03/11	SO
DHS	981SP	<a href="#">Contact Letter and Information/Verification Checklist for Aged, Blind and Disabled Medicaid (Spanish)</a>		11/08	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	985	<a href="#">Burial Exclusion and Designation</a>		02/10	SO
DHS	986	<a href="#">MAO Cemetery Lot Verification</a>		10/12	Screen Print
DHS	987	<a href="#">Designation of Cemetery Lot</a>		04/04	Screen Print
DHS	991	<a href="#">MAO Property Search Record</a>		10/12	SO
DHS	992	<a href="#">MAO Control Sheet</a>		10/12	Screen Print
Social Security	1610-U2	Public Assistance Agency Information		02/82	SSA
DCH	3327	<a href="#">Health Check Brochure - English</a>		09/14	Gainwell
DCH	3328	Health Check Brochure - Spanish			Gainwell
DCH	3329	Health Check Brochure – Braille			Gainwell
DHS	5459	<a href="#">Authorization for Release of Information</a>		07/16	SO
DHS	5459 Sp	<a href="#">Authorization for Release of Information</a>		07/16	SO
DHS	5460	<a href="#">Notice of Privacy Practices (English)</a>		8/22	
DHS	5460 Sp	<a href="#">Notice of Privacy Practices (Spanish)</a>		8/22	

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			<a href="#">DHS</a>
Social Security	SS-5	Application for a Social Security Card			<a href="#">SSA</a>
DHS		<a href="#">ABD CAR Reduction Request</a>		01/07	Screen Print
DHS		<a href="#">Absent Parent Information Form</a>		11/09	Screen Print
DHS		<a href="#">AFDC Budget Sheet</a>		10/12	Screen Print
DHS		<a href="#">Annuity Issuer Notification</a>		07/07	Screen Print
DBHDD		Application for Mental Retardation of Developmental Disabilities Services		05/03	N/A
DHS		<a href="#">Burial Contract Verification</a>		10/12	Screen Print

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

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS		<a href="#">Medicaid Review Response Form</a>			Screen Print
DHS		<a href="#">Medically Needy Option Statement</a>		05/15	Screen Print
DHS		<a href="#">Medicare Buy-In Problem Template</a>		10/22	Screen Print
DHS		<a href="#">Medicare Savings Programs Request for Information</a>		01/14	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>		10/12	Screen Print
DHS		<a href="#">Notice of Review of Promissory Note, Loan, or Property Agreement</a>		10/12	Screen Print
DHS		<a href="#">Notice of Termination of Medicaid Benefits Due to Contract(s)</a>		10/12	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
CMS		<a href="#">(Medicare) Part D Complaint Checklist</a>			Screen Print
DHS		<a href="#">Notification of Eligibility-EMA</a>		04/06	Screen Print
DHS		<a href="#">Notification of Eligibility-EMA (Sp)</a>		04/06	Screen Print
DCH		<a href="#">PeachCare Special Request Form</a>			Screen Print
DHS		<a href="#">QIT Approved Format Deviation</a>		09/04	Screen Print
DCH		<a href="#">QIT Approved Template 1</a>		07/19	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>	01/14	
DHS		<a href="#">QIT Review Letter</a>		10/12	Screen Print
DCH		<a href="#">QIT Trustee Guide</a>		01/14	Screen Print

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



Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS		<a href="#">Undue Hardship Waiver Letter</a>		02/07	Screen Print
DHS		<a href="#">Women's Health Medicaid Physician's Statement of Treatment</a>		01/18	Screen Print
DHS		Women's Health Medicaid Review Form (Obsolete as of 12/2022)		01/14	Screen print

[BACK TO MAN 3480](#)