

YOUR APPLICATION FOR MEDICAID IS PENDING

Date _____

Name

Address

Your application for Medicaid cannot be completed because we do not have all the needed information.

Case Number: _____

District Number: _____

Dear _____:

Your application for Medicaid cannot be completed because we do not have the following information:

- Disability Determination Services (DDS) has not determined if your medical condition meets the definition of disability for Medicaid. Your application will be held until DDS makes a decision. As soon as DDS makes the decision, we will notify you.
- We have asked for medical records needed to determine if you had a medical emergency. We asked for those records from the following medical providers: _____

- The records have not been provided. Your application will be denied on _____ if we do not get the records.
- We need a completed FL-2/MR-2 or CAP Plan of Care to prove you need long term care services. The form has not been provided. Your application will be denied on _____ if we do not get the form.
- We need U.S. citizenship documentation. Examples of proof of U.S. citizenship are: a birth certificate; U.S. citizen ID card; a final adoption decree.
- We need identity documentation. Examples of proof of identity are: a driver's license with your picture (does not need to be valid); a State identity card with a picture; a school ID card with a picture; daycare or nursery school record.
- Documentation to demonstrate that a sanction for transfer of assets will cause an undue hardship.

If you would like to know if another document may be acceptable for proof of citizenship or identity, or if you have any questions, please contact your caseworker immediately. Copies of original documents may be mailed to your worker.

Caseworker

Address

Phone Number