



INTAKE: Screening for Expedited Medicaid Appointments

All Applicants for Medicaid:

Please complete this questionnaire if you, or a member of your household, are applying for Medicaid. You may qualify for an expedited appointment and be given an interview within seven (7) days IF YOU ARE DISABLED. To help us determine if an expedited interview is required, please complete the questions below.

MEMBER NAME: _____

| |
|---------------|
| TODAY'S DATE: |
|---------------|

SSN*: _____

Are you or any member of your household:

| | YES | NO |
|--|-----|----|
| 1. Applying for Medicaid benefits? | | |
| 2. Claiming to be disabled? (severe condition expected to last 12 months or longer that keeps you from working?) | | |
| 3. Under age 65? | | |
| 4. Applying for Nursing Home coverage, Hospice or Home and Community-Based Services? | | |
| 5. Already receiving Supplemental Security Income (SSI) benefits or Social Security Disability benefits? | | |
| 6. Is there an application pending for SSI or Social Security Disability benefits? | | |
| 7. Is there an appeal pending or under reconsideration with the Social Security Administration? | | |

* Pursuant to 42 CFR 435.910, the Department is requesting you provide your social security number (SSN), but you are not required to provide us your SSN under the law. However, if you give us your SSN we can determine your eligibility for assistance or services faster and more accurately. Social security numbers are used by the Department for identity verification, income and eligibility verification and other purposes related to administration of our programs.