

**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.

**Disability Report or Continuing Disability Report (Form 3218-D or 3266-D)**

- ☐ Complete in BLUE OR BLACK INK.
- ☐ Provide correct social security number, date of birth, address, and phone number for child.
- ☐ Provide contact information for additional adult familiar with child's condition.
- ☐ Complete information on child's school and/or daycare.
- ☐ List all of the doctors, hospitals, and treating facilities where child has been treated for a medical condition(s) in the last 15 months.
  - ☐ Submit all **medical records** 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.
  - ☐ Submit all **Individualized Education Program (IEP) records** for the providers that are listed for the applicant on the Disability Report for the last 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 and date by parent or legal guardian
- ☐ If applicant is age 12 to 18, he/she must sign in addition to the parent or legal guardian
- ☐ **If there is a legally appointed representative or power of attorney document, please include a copy with completed and signed form.**