

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 Services Center at **888-549-0820 (TTY 888-842-3620)**. 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 day care.
- List all of the doctors, hospitals, and treating facilities where child has been treated for a medical condition(s) in the last 15 months.
- 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.**

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, please contact the Americans with Disabilities Act (ADA)/Civil Rights Official by mail at: PO Box 8206, Columbia, SC 29202-8206, by phone at: 1-888-549-0820 (TTY: 1-888-842-3620), or by email at: civilrights@scdhhs.gov.

If you believe SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person, by mail, or via email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

