

### TEFRA Application Checklist

**By providing as much information as possible when you apply, DHHS may be able to process your application in a shorter time. Be sure to include these items when you apply. If you are not sure what to send, call our toll-free line at 1-888-549-0820 TTY (888) 842-3620 for help.**

- **Application Form – DHHS Form 3400**
- **DHHS Form 3291ME, TEFRA In-Home Care Certification.** Your child's physician must complete this form.
- **DHHS 3218D-ME –Disability Report, Child Under Age 19.** It is important that you fill out each blank, even to indicate not applicable (N/A).
- **DHHS Form 921 – Request for Medical Records.** Please complete a copy for each provider you listed on the DHHS 3218D-ME –Disability Report, Child Under Age 19. In addition, please sign five copies of this form. Please mail back all copies of this form with the application.
- **SC Department of Disabilities and Special Needs Permission to Evaluate TEFRA Applicant Form.** Sign and return this form.
- Proof of  Citizenship  Identity. Original documents required.
- Photocopies of any recent medical records (within one year) you may have regarding your child's health. These are not mandatory but may help speed up the application process.
- Copies of recent IEP and School Psychological Evaluation for school-age children
- Proof of any income that your child receives, such as child support or Social Security
- Proof of any resources available to your child such as bank accounts, savings bonds, trust accounts, life insurance policies, etc.
- Copies of any health insurance card, front and back, showing that your child is covered. This does not affect your child's eligibility for Medicaid. We need a record of other insurance.

**Mail the completed, signed application and other required forms and information to:**

SCDHHS-Central Mail  
 PO Box 100101  
 Columbia, SC  
 29202-3101

## 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](mailto: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>