

---

**APPLICATION AND REDETERMINATION PROCESSING**

---

**APPLICATION PROCESS**

---

- |   |   |
|---|---|
| <b>A. OPPORTUNITY TO APPLY</b>          | The Division of Medicaid must afford an individual wishing to do so the opportunity to apply for Medicaid without delay.  |
| <b>B. PERSONS WHO CAN FILE</b>          | Medicaid requires that a written application form be filed by:  |
| 1. <b>Applicant</b>                     | The individual in whose behalf the application is filed.  |
| 2. <b>Legal Guardian or Conservator</b> | The application must be made in the name of the applicant but the guardian or conservator must give eligibility information and sign the Application Form. Proof of legal guardian or conservatorship will be required in the form of court papers. <b>b</b>  |
| 3. <b>Authorized Representative</b>     | This is a person who has been authorized in writing by the applicant to act in behalf of the applicant. An application must be filed in the name of the applicant and the Application Form will be completed from information provided by the authorized representative who will sign the Application. Proof of authorized representative status is required in writing. DOM-302 is used for this purpose.  |
| 4. <b>Designated Representative</b>     | This is someone acting responsibly for an applicant because the physical or mental condition of the applicant is such that he cannot authorize anyone to act for him nor can he act for himself. The designated representative must be someone who is knowledgeable of the applicant's financial affairs and will usually be a close relative or friend. The designated representative will be required to sign DOM-302, Designated Representative Statement to document his status. The application will be made in the name of the applicant with the designated representative providing the eligibility information and signing the Application Form. |