
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-311 - REQUEST FOR MEDICAID APPLICATION

PURPOSE & USE

Form DOM-311 is designed to accompany Form DOM-300, Application Form, when a request for an application is made known to the Regional Office or when the Regional Office is made aware that an individual has entered a nursing facility and needs to apply for Medicaid. The form explains that all questions must be answered on DOM-300 and also informs the applicant of the processing time allowed to determine eligibility.

INSTRUCTIONS

Complete an original and 1 copy. Issue the original to the applicant or representative and file the copy in the correspondence file until the application is formally filed. When the application is filed and a case record set up, file the copy in the case record.

Check the appropriate block that applies to whether the application was requested or that the Regional Office is aware that the applicant has entered a nursing facility and needs to apply. If the latter is true, enter the name of the applicant and the name of the nursing facility.

The worker will sign, date and return address stamp the form.

REQUEST FOR MEDICAID APPLICATION

_____ Date

RE: _____

We have received your request for a Medicaid application. Enclosed is an application form for you to complete. Please answer all questions completely. We may require that you show proof of all income and resources available to the applicant. (Copies are allowed.)

We have received notification that _____ has entered _____ nursing facility. If you are interested in applying for Medicaid to assist in the payment of the nursing home expenses, complete the enclosed application form. Please answer all questions completely. We will require that you show proof of all income and resources available to the applicant.

The application form may be mailed to the Regional Office listed below. If you need assistance with your application, you may call the phone number below. The date the Division of Medicaid receives the application is considered the date that you apply.

The Division of Medicaid is allowed an application processing time of 45 days for all aged (age 65 or over) and blind individuals and 90 days for all applications for disabled individuals. This processing time begins when the Medicaid office receives the signed application.

Medicaid Specialist

Attachments: DOM-300
Application Checklist
Pamphlet

Regional Office Address/Telephone: