
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-312 - NOTICE OF POTENTIAL ELIGIBILITY FOR VA BENEFITS

PURPOSE & USE

Form DOM-312 is used to advise Medicaid applicants or recipients of the requirement to apply for initial or increased VA benefits in accordance with the Utilization of Other Benefits provision. Refer to Section D for a policy discussion of this provision.

INSTRUCTIONS

Complete an original and 2 copies. Issue the original to the client or representative, file one copy in the case record and use the remaining copy as the tickler copy set for follow up in 30 days of issuance of the notice.

Check the appropriate block(s) to indicate that the client must apply for VA Improved Pension or VA Aid & Attendance or both. If another benefit is appropriate, enter the type of benefit under "Other."

The worker will sign and date the form.

DOM-312
ISSUED 07-01-93

DATE: _____

NOTICE OF POTENTIAL ELIGIBILITY FOR VA BENEFITS

NAME: _____

ID#: _____

SSN: _____

VA CLAIM # _____

Our records indicate that you may be eligible for VA benefits or for an increase in your current benefit. To be eligible for Medicaid, you must apply for any and all VA benefits you may be entitled to receive even if your Medicaid eligibility is affected by your entitlement for VA benefits.

The benefit that you need to apply for is:

- ___ VA Improved Pension benefits including Unreimbursed Medical expenses which may increase your pension benefits.
- ___ VA Aid & Attendance benefits.
- ___ Other _____

You must file an application with the Veterans Administration within 30 days of the date on this notice and provide this office with proof that you have filed with the VA. You must provide the VA with all information they need to process your application for benefits. This requirement is in accordance with 42 CFR 435.603.

Notify this office when the VA has made a final decision regarding your benefits.

If you have any question about these instructions, please contact the Regional Office listed below.

Medicaid Specialist _____

Regional Office Address/Telephone Number