
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-319 - REPORT OR REFERRAL TO DISTRICT OR BRANCH
SOCIAL SECURITY OFFICE

PURPOSE & USE

This form is used to provide notification to the branch or district Social Security offices in the following instances:

- Refer to the Social Security office a person who appears to be potentially eligible for Supplemental Security Income benefits.
- To notify the Social Security office of information which Medicaid has secured which will possibly affect the SSI benefit amount.

THIS FORM IS AVAILABLE IN MEDS.

INSTRUCTIONS

Prepare an original and 1 copy. Mail the original to the appropriate Social Security Office and file the copy in the case record.

Enter the appropriate referral information and sign and date the form.

REPORT OR REFERRAL TO DISTRICT OR BRANCH SOCIAL SECURITY OFFICE

TO: _____
Social Security Administration

RE: _____
(Name of Client)

FROM:

(Social Security Number)

(Medicaid ID Number)

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We have secured the following information concerning the above named individual:

1. () The above named person is being referred to you as a possible claimant for SSI benefits. Should this person be determined eligible for benefits, please report to us the beginning month of eligibility. His/her address is _____.
2. () Beneficiary has entered a Title XIX institution as a patient.
Name of Nursing Home _____
Date of Entry _____
Estimated length of stay _____
3. () Beneficiary left a Title XIX institution patient status. His/her new address is _____
Date of Departure _____
4. () Change of address (moved from private living arrangement to another)
Old Address _____
New Address _____
5. () Beneficiary deceased. Date of Death _____
6. () Change in income or resources of beneficiary. Specify _____
7. () Change in income or resources of spouse. Specify _____
8. () Beneficiary entered a public institution.
Name of Institution _____
Address of Institution _____
Date of Entry _____
9. () Other, specify _____

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REMARKS:

DATE

Medicaid Specialist