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MEDICAID ELIGIBILITY  
FORMS AND INSTRUCTIONS

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DOM-330 - REQUEST FOR FINANCIAL INFORMATION

**PURPOSE & USE**

This form is to be used to secure verification from a bank, savings and loan association, or other savings agency, concerning the cash or cash assets of an applicant/recipient. Refer to Section F, Resources, for policy regarding the use of this form.

**INSTRUCTIONS**

Prepare an original and 1 copy. Mail the original to the bank or give the form to the client/representative to take to the bank for completion. Retain the copy in the tickler file. When the original is returned, discard the copy and file the original in the case record.

Enter the client's identifying information on the top part of the form.

Signature of Client: The client or designated representative will sign here. If the designated representative is signing for the client, submit a copy of DOM-302 along with this form.

Signature of Medicaid Worker: The worker will sign in this space.

Date: Enter the date the form is completed.

The bank will complete the lower portion of the form and page 2 and sign in the space provided.

### REQUEST FOR FINANCIAL INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client's Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Client's SSN: \_\_\_\_\_

Account #: \_\_\_\_\_

I hereby authorize you to disclose any information concerning my financial accounts to the Mississippi Medicaid Agency for the purpose of determining my Medicaid eligibility.

\_\_\_\_\_  
Signature of Client or Person Authorized to Act for Client Date

**PLEASE NOTE:** The Mississippi Medicaid Agency will not be held liable for any charges incurred for researching financial records.

\_\_\_\_\_  
Medicaid Specialist Date

#### THE FOLLOWING IS TO BE COMPLETED BY A BANK OFFICIAL

1. Does client's name appear or has it appeared on a checking account (individually or jointly) within the last 3 years?  YES  NO (If yes, complete Page 2.)
2. Does client's name appear or has it appeared on a savings account (individually or jointly) within the last 3 years?  YES  NO (If yes, complete Page 2.)
3. Does client own or has client owned (individually or jointly) any Certificates of Deposit or Savings Certificates within the past 3 years?  YES  NO (If yes, complete Page 2.)
4. Does client rent a safe deposit box?  YES  NO

\_\_\_\_\_  
Signature of Bank Official Completing This Form Date

**RETURN TO:**

**TO BE COMPLETED IF "YES" IS CHECKED ON THE REVERSE SIDE**

I. **CHECKING ACCOUNT NUMBER** \_\_\_\_\_ Individual ( ) Joint ( )

How is account listed? \_\_\_\_\_

Is this an interest bearing account?  YES  NO

Please provide account balance and interest earned as of the 1st of month:

MONTH	INTEREST	BALANCE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

NOTE: If account is closed, give date of closure: \_\_\_\_\_

Balance at time of closure: \_\_\_\_\_

Person who authorized closure: \_\_\_\_\_

II. **SAVINGS ACCOUNT NUMBER** \_\_\_\_\_ Individual ( ) Joint ( )

How is account listed? \_\_\_\_\_

Interest Rate \_\_\_\_\_% Paid: Semi-Annually ( ) Quarterly ( ) Monthly ( )

Please provide account balance and interest earned as of the 1st of the month:

MONTH	INTEREST	BALANCE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

NOTE: If account is closed, give date of closure: \_\_\_\_\_

Balance at time of closure: \_\_\_\_\_

Person who authorized closure: \_\_\_\_\_

III. **CERTIFICATES OF DEPOSIT AND SAVINGS CERTIFICATES**

Name(s) on Account \_\_\_\_\_

Amount of Certificate \_\_\_\_\_ Maturity or Redemption Date \_\_\_\_\_

CD # \_\_\_\_\_ Amount/Frequency of Interest \_\_\_\_\_

NOTE: If Certificate has been redeemed, give name of person who authorized redemption:

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