
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

**DOM-334 - REQUEST FOR INFORMATION REGARDING
UNEMPLOYMENT COMPENSATION**

PURPOSE & USE

Medicaid routinely matches client's Social Security Numbers with the Employment Security Commission to determine if wages and/or Unemployment benefits are payable. However, if needed, DOM-334 can be used to secure this information from Employment Security.

INSTRUCTIONS

Prepare an original and 1 copy of the form and forward the original to the appropriate Unemployment Claims Center of the Mississippi State Employment Security Commission serving the region. File the copy in a tickler file until the original is returned, then discard the copy and place the original in the case folder.

Enter the client's identifying information on the top part of the form. The worker will sign and date the form and return address stamp the form.

The Employment Security Commission will complete the remainder of the form.

REQUEST FOR INFORMATION REGARDING UNEMPLOYMENT COMPENSATION

TO:

RE: Name _____

S.S. No. _____

I authorize your agency to release to the Mississippi Medicaid Regional Office named above any information concerning my eligibility for and/or receipt of unemployment benefits.

(Signature of Claimant)

(Date)

The following information is required for our use in determining the above-named individual's eligibility for medical assistance. This information will not be disclosed to any organization or person outside this agency, except in accordance with regulations or instructions of the Mississippi Employment Security Commission.

(Signature of Medicaid Specialist)

(Date)

Please answer the appropriate item(s) including all unemployment insurance programs:

- A. _____ If otherwise eligible, the above-named individual may receive benefits during his benefit year beginning _____ and ending _____.
1. \$ _____ Weekly benefit amount
 2. \$ _____ Maximum unemployment benefits payable during the benefit year.
 3. \$ _____ Unemployment benefits have been paid to date during the benefit year, according to our records.
 4. _____ Date most recent unemployment claim was filed.
- B. _____ Benefits not being received.
1. _____ No record of claim.
 2. _____ Disqualified for a period beginning _____ and ending _____.

BY: _____
Mississippi Employment Security Commission

REMARKS: _____

When complete, please mail to the above stamped Regional Office.