
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-335 - REQUEST FOR VERIFICATION FOR WAGES

PURPOSE & USE

This form is used to verify the earnings of an applicant/recipient or spouse whose income must be deemed. It can be adapted for use by parents whose income must be deemed to an eligible child. The signature of the "employee" whose earnings must be verified is required on the form prior to sending it to the employer.

INSTRUCTIONS

Prepare the original and 1 copy and obtain the appropriate signature authorizing release of the information. Mail the original to the employer and file the copy in a tickler file. When the original is returned, discard the copy and file the original in the case record.

Complete the top portion of the form giving identifying client information. The worker will sign, date and return date stamp the form.

The employer should complete the remainder of the form.

