LOST FORM REQUEST

INSTRUCTIONS: For each request for replacement, complete the corresponding numbers, the document type, the worker number, date, and county, and the signature. Use an X to indicate each document you need. For Medically Needy subsystem: Double-click the Send button at the bottom of the form and e-mail to IMEMedicallyNeedy@dhs.state.ia.us.

MMIS Medically Needy Subsystem			Complete and send to IME's Medically Needy Unit					
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Double Click to **SEND** Form