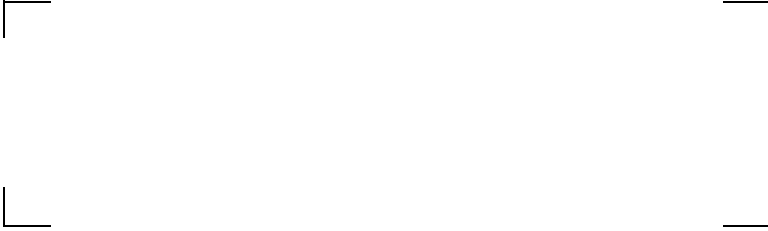


Notice of Pending Medicaid Application



Section 1 (To be completed by DHS)

This is to notify you that the DHS has a Medicaid application on file for:

Applicant's Name	SID	SSN	Date of Medicaid Application

We understand that you are currently processing an application for this person based on disability.

Because DHS will approve or deny Medicaid based on your decision and because federal regulations mandate that Medicaid applications are to be processed within ninety days, we request that you expedite the determination of eligibility on this case.

Please notify the worker identified below as soon as the disability determination has been completed on this case or if you are not currently processing an application.

Worker Name	Telephone ()

Section II (To be completed by DDS and SSA as appropriate)

- Request for disability determination has not been received as of the 15th day of DDS notification of concurrent SSI/Medicaid application.
- SSA disability determination recently completed by DDS, check SDX or WTPY.
- No pending SSA claim at DDS. If you require an independent disability determination, follow procedures in 8-C, **Department Disability Determination Process**.
- SSA claim currently being processed by DDS.

DDS Claims Examiner	Telephone ()

Section III (To be completed by DHS)

Return to:

