

INABILITY TO FIND A RESPONSIBLE PERSON

Name of person for whom Medicaid is requested:
Reason that this person cannot act independently: <input type="checkbox"/> Physical incapacity <input type="checkbox"/> Incompetence <input type="checkbox"/> Death
Name of person requesting to be the responsible person:

We have completed a diligent search for a family member, friend, or other person to act on behalf of this individual who has:

- ◆ Knowledge of this person's affairs and circumstances and
- ◆ A personal interest in the person's welfare.

We have been unable to find such a person. There is no known legal representative. Therefore, we request to be viewed as the responsible person during the following time period:

(Check one or both)

- ☐ During the application process.
- ☐ For ongoing eligibility for Medicaid.

In doing so, we understand that we assume the applicant's (or recipient's) position and responsibilities during the designated period.

Signature of responsible person	Date
Name of business or organization, if applicable	
Signature of individual from the business or organization who has the authority to enter into such an agreement	Position