

MEPD Intent to Return to Work

Case Number:
County:
Worker Name:
Phone:

FAX:
Worker E-mail:
Information due date:

You have reported that your job has stopped. You can keep getting Medicaid for up to six months while you look for a new job.

If you want to keep getting Medicaid, please complete the information below about when you lost your job.

1. Write the date your job ended in the box below.
2. Send in a copy of your last paystub **or** other proof of your last earnings.
3. Tell us if you plan to go back to work.
4. Sign and send back one copy of this form. Keep the second copy of this form for your records.

Questions? Call your worker at _____.

I lost my job, or I cannot work because of a hospitalization or a health problem.

Date of the last day of my job: _____

I have enclosed proof of my last pay from my job.

I will try to get a new job as soon as I can. Yes No

Signature

Date

Worker completes this section:

The six-month work suspension period begins the month after the loss of employment.

First month: _____ Sixth month: _____