
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-301 - AUTHORIZATION TO RELEASE INFORMATION

PURPOSE & USE

This form is used to authorize the release of benefit and other related information from an agency or organization that requires the client's signature prior to providing such information. It is designed to be a two-way form whereby the agency releasing benefit information can respond on the same form originated by the Medicaid agency. In the event the applicant or recipient is unable to sign his/her name, a completed Form DOM-302, Designated Representative Statement must be attached to Form DOM-301 to document that the individual signing the form is duly authorized to sign in the client's behalf. A signed DOM-301 is valid for one (1) year following the date of the authorizing signature.

INSTRUCTIONS

Prepare an original and 2 copies. Mail the original and 1 copy to the agency releasing the benefit information and retain the second copy only until the completed original is returned. The agency completing the form should retain the copy of the completed form.

Signature of Client: The client or designated representative will sign in this space. If the designated representative signs in the client's behalf, a completed DOM-302 must accompany the authorization form.

Date: Enter the date the client or representative signs the form.

The identifying information of the client should be completed by the Medicaid Regional Office along with the name/address of the agency where the form will be sent for benefit information.

The remainder of the form should be completed by the agency/organization releasing the benefit information; however, if the worker is requesting information not specified on the form, the worker must list the needed information in the "Other" section.

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The Regional Office name and address must be stamped in the space at the bottom of the form. The worker should also sign his/her name below the Regional Office stamp so that the form can be returned to the appropriate worker when completed and returned.