## DESIGNATED REPRESENTATIVE STATEMENT

CLIENT'S DESIGNATION	
I hereby designateapplication/redetermination process of eligibility f	as my representative in the for Medicaid from the State of Mississippi.
<u>✓</u>	Date
Client's Signature	
I understand that by accepting this designation as a providing the necessary information to establish the understand that if I knowingly withhold information situation of the individual, I may be prosecuted for	ne individual's eligibility for Medicaid. I also on or knowingly misrepresent facts about the
<b>√</b>	Date
Representative's Signature	
Address	
Witness	
STATEMENT OF SELF-DESIGNATION BY	REPRESENTATIVE
I hereby declare that I am acting for	for Medicaid because he/she is too aged or ill to act responsibly for himself/herself. I will concerning the individual's situation. I nation or knowingly misrepresent the facts, I to notify the State Medicaid Agency
✓	Date
Representative's Signature	
Address	
	Date
Witness	Dau

## MEDICAID ELIGIBILITY FORMS AND INSTRUCTIONS

## DOM-302 - DESIGNATED REPRESENTATIVE STATEMENT

PURPOSE & USE

The purpose of this form is to designate in writing someone who is qualified to act in a client's behalf for the purpose of completing and signing all eligibility forms and providing all pertinent information about the client. Refer to Section C for policy governing persons who can file an application or redetermination for a client.

INSTRUCTIONS

Prepare an original and 1 copy. The client can designate a representative by completing the "Client's Designation" portion of the form. If the client is unable to designate someone, the representative can complete the "Statement Self-Designation By Representative" and designate himself/herself without the client's signature if the representative is determined qualified to act in the client's behalf.

Notate on the Record of Contact the date mailed to the client or representative. When the original is returned, file it in the case record. The representative keeps the copy.