
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-307 - REQUEST FOR INFORMATION

PURPOSE & USE

The purpose of this form is to inform an applicant or recipient in writing of the information needed in order to complete the application or redetermination process. All requests for information must be put into writing to the client or representative with a copy for the case record.

THIS FORM IS AVAILABLE IN MEDS

INSTRUCTIONS

Prepare an original and 1 copy. Issue the original to the client or representative and retain the copy in a tickler file. If the original is returned with the information, discard the copy and file the original and the information in the case record. If the original is not returned, but the information requested is submitted, file the copy in the case record. If the requested information is not submitted within ten (10) days, file the tickler copy in the case record and prepare DOM-309, Second Request for Information. The DOM-307 original or copy must be retained in the case record to confirm the request for information.

Note: This form is designed to be issued along with DOM-300A, Redetermination Form, to allow the recipient ten (10) days in which to complete the redetermination form and return the needed information. However, if new or additional information is required upon return of the completed DOM-300A, and this information was not included on the DOM-307 issued along with the DOM-300A, it is necessary to send another DOM-307 requesting the information for the first time.

Enter the appropriate identifying information and check the appropriate block to indicate whether the request is for an application or redetermination. Enter the date which is 10 days after the date the form is prepared and mailed in the space provided.

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List in the space provided each item needed to determine eligibility.

The worker will sign, date and return address stamp the form.

REQUEST FOR INFORMATION

_____ Client's Name _____
_____ Medicaid ID # _____

This is to give you in writing the information we must have in order to determine Medicaid eligibility. If you have been in and talked with a worker, this letter will repeat for you the information needed.

Enclosed is a Redetermination Form which must be completed in order to continue Medicaid eligibility for the client named above. Completion of the form is required at least once every year for each client. Listed below is the information needed to complete the redetermination.

Either bring or mail in the information listed below before _____

Regional Office Address/Telephone:

Medicaid Specialist

Date