

KENTUCKY MEDICAID INTERESTED PARTY AUTHORIZATION

If you can not come to the office and apply for Medicaid, you may call the Department for Community Based Services (DCBS) office in the county where you live and other arrangements may be made. If you want someone to make an application for you, please fill out the information below.

I _____ have asked _____

(Print Your Name)

(Print Interested Party Name)

to apply for Medicaid for me.

I give my permission for the above person to apply for Medicaid for me because I can not come to the local office of the Department for Community Based Services (DCBS) and do not want other arrangements to be made. I can not come to the DCBS office because:

I understand that I or my interested party must provide complete and truthful information to have my Medicaid eligibility determined.

If I or my interested party knowingly provide false information or withhold information I may be subject to prosecution for fraud.

Eligibility determinations may take up to 30 days from the date of application to be completed. DCBS will contact you to confirm information provided by your interested party. All Identification cards and letters will be mailed to your address. You will need to show your identification card to your medical providers so they can bill Medicaid for the services you received.

Your Signature

Interested Party Signature

Address

Address

City/State/Zip

City/State/Zip

Phone number

Phone number

Date

Date

Witness (if signed by an X)

Company Name (If Appropriate)/Relationship