Application Verification Request Form
BHSF Verification

Purpose:

This form is used to obtain necessary documents and verifications from the applicant It is completed by the **Application Center Representative** to inform the Medicaid applicant of the information required to reach a decision on an application.

Preparation:

This form is completed as an original, and it is photocopied upon completion. Complete the paper form, or use the fillable form available on the "BHSF Forms" link on the On-Line Application homepage.

Complete the form as follows:

Enter the applicant's name and Social Security Number. Do not enter the MEDS Case Identification Number. Complete the date agreed upon for providing the requested information. This date shall be **no less than 10 calendar-days** from the date of the interview to allow the applicant a reasonable amount of time to secure the needed information.

Check **only** the items necessary to make an eligibility decision.

The form must be signed and dated by applicant. The agency representative shall also sign and date the form and include their agency phone number.

Disposition:

The original is given to the applicant, and a copy is forwarded to the Medicaid Office **daily**.