

Department of Public Health
And Human Services

SECTION: FORMS

FAMILY MEDICAID

SUBJECT: Forms List

Supersedes: 10/01/97

Introduction: Listed below are forms which are currently used in the Family Medicaid programs.

FORM #	REVISION DATE	TITLE	MANUAL LOCATION
EA-1		Application for Foster Care/Medical Asst	
EA-005	05/82	Agreement to Sell Property	
EA-005A	05/82	Information about Form EA-005	
EA-012	12/96	Repayment Agreement (Fiscal Bureau)	
EA-DHES	06/92	Pamphlet: Family Planning	
FA-005	10/96	Pamphlet: Fair Hearings	
FA-007	03/97	Pamphlet: Montana Child Care Program	
FA-010	11/96	Pamphlet: Insurance Premium Payment	
FA-204	07/95	Authorization to Release Information	
FA-208	01/98	Request for Medical Evaluation	
FA-211	07/91	Notice of Action on your Application	
FA-213	07/97	Overpayment/Overissuance Referral	
FA-220	05/97	Application/Redetermination Checklist	
FA-242	07/95	Report of Employment Income	
FA-250	09/97	Application for Assistance	
FA-260	07/96	Change Report	
FA-261	03/96	Adding a New Household Member	

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FA-272	03/98	Redetermination Report	
FA-319	03/98	WIC/Family Planning Information Card	
FA-332	01/96	Child Support Enforcement Referral	
FA-333	09/97	Right to Claim Good Cause	
FA-350	09/96	Lump Sum Payments	
FA-400	02/97	Emergency Medical Claim	
FA-410	08/97	Medically Needy Declaration of Choice	
FA-411	12/95	Medically Needy Cash Option/Fiscal Notice	
FA-412	05/93	Medically Needy Cash Option/Refund Req	
FA-427	01/96	Presumptive Eligibility Worksheet	
FA-427	03/95	Presumptive Eligibility/Notice of Decision	
FA-431	12/97	Extended Medicaid Quarterly Report	
FA-449	12/95	Health Insurance Premium Payment Referral	
FA-451	08/96	List of Medical Expenses	
FA-454	11/95	Provider Information Memo/Medicaid Incurment (One-Day Notice)	
FA-455	11/95	Provider Notification of Eligibility Determination (365 Day Letter)	
FA-475	11/89	Contract Deed: Offer/refusal/value estimate	
FA-542	07/95	Self Employment Record	
FA-556	08/97	Advance Notice/Disqualification Hearing	
FA-559	08/97	Waiver of Right to Disqualification Hearing	
FA-560	08/97	Repayment Agreement	
FA-782	05/97	Essential for Employment Request	

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FORM #	REVISION DATE	TITLE	MANUAL LOCATION
MA-116	12/90	Kids Count Information Sheet	
MA-117	08/96	EPSDT Immunization Record/Card	
none		Passport to Health Booklet	
none		Voter Registration Card	103-6, pg. 5

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