

# MEDICAID REFERENCE SHEET

When your son or daughter turns 18, they are eligible to apply for Medicaid. Individuals with disabilities apply to a specific program called Aid to the Permanently and Totally Disabled (APTD). Attached is the reference information to assist you as you complete “APTD” also known as Adult Medicaid.

You will need to fill out three forms:

1. Form 177/Non-Medical Evaluation of Disability
2. Form 800/Application for Assistance
3. Form 778/Authorized Representative Declaration

## **Form 177: Non-Medical Evaluation of Disability**

Under the heading, you will need to fill in only that it is an initial review, and any other information that you know. If you do not know your Family Service Specialist just leave it blank.

### **Personal Information: (Consumer’s information).**

If you are currently receiving Health Kids or Katie Beckett, mark yes otherwise mark no.

### **Ability to Work: (What are the illnesses, injuries or conditions that limit your ability to work)?**

Use the individual’s diagnosis, any mental health issues, physical issues, needs or any support needs. **For Example:** My son suffers from PDD, and has high anxiety which requires a one on one support to be with him to complete tasks on the job.

**Are you working now:** Any questions regarding work is only if the person has worked paid jobs not work experiences through the school district. The following page is also for work only. If the person has not worked at a paid job just put N/A.

### **Mental Health Information: (Do you feel you have an emotional /mental health problem)?**

If the answer is yes you would write your sons/daughters diagnosis and supports that he/she may need to manage his/her illness. **For Example:** Due to my daughter’s depression she needs additional supports through a therapist and medication management.

### **(Are you receiving services from a Mental Health Agency or other)?**

Is your son/daughter getting services from a therapist or Psychiatrist or a Nurse Practitioner for medication and symptom management. **For Example:** The case manager would be if you have one from the Mental Health Agency like Greater Nashua Mental Health or another agency.

Are you involved with an Area Agency?

This question refers to Gateways Community Services

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**Insurance and Injury Liability Information:**

Do you have other medical insurance? This would be other than Medicare, Medicaid, Katie Beckett or Healthy Kids. It would be private insurance like Blue Cross Blue Shield, etc.

The next two pages are to list all the doctors, therapist etc. that the individual goes to on a regular basis and where they are located. Name the medications that the individual is taking and what they are taking medications for. Also fill in the information of test, evaluations etc. that they have had done or are scheduled to have done.

Signature of individual/applicant and date and if a parent helped fill out the form, please check the appropriate box and sign in appropriate space.

**Form 800: Application for Assistance**

Question A: Fill in appropriate personal information

Question B: List only the name of the person who is applying. **DO NOT** list anyone else in the household. It is only for the applicant (consumer). Even if the person lives at home with parents and brothers it still only needs to say the applicant's name.

Question C: I want to apply for: Cash and Medical assistance. You can also check food stamps if the person applying (consumer) can cook, store and shop for their own food.

Question D: Gross Income: Only list the applicants wages, if there aren't any, write N/A. If you are receiving child support and you have two children, divide it in half and write that amount in.

Question E: Resources: List only what the applicant has.

Question F: Only write in if the person is actually paying any bills, if they have no income and they do not have SSI yet, then they cannot pay for anything.

Question G: Make sure that you say YES on question 4. You can also say yes to number 8 if you have outstanding medical bills in the last 3 months.

Question I: Applicant must sign and the person that assisted to fill out the form can sign as well.

**Form 778: Authorized Representative Declaration**

Authorized Representative information: Please write the name of the person who is going to be responsible for receiving all paperwork for the applicant. You want to check all the boxes so that you get all the information needed. In the other check box, please write face to face or phone contact.