ATTACHMENT 3

MA FINANCIAL APPLICATION RELEASE FORM

MH/MR INFORMATION	CAO USE
DATE SENT:	CAO:
PHONE /FAX NUMBERS:	TO:
CONTACT	CAO FAX:
	RETURN TO MH/MR

PLEASE PRINT

NAME LAST, FIRST & M.I .		WAIVER TYPE: (CHECK ONE) ☐ PFDS ☐ CONSOLIDATED
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
RECIP. ACCESS NUMBER:	WAIVER EFFECTIVE DATE:	MARITIAL STATUS: (SEE BELOW)

FOR COUNTY ASSISTANCE OFFICE USE ONLY

☐ PA 600-L APPLICATION IS NEEDED ☐ NO PA 600-L NEEDED _____ ☐ RSN: (SEE BELOW) _____

_____ CAO SIGNATURE: _____ DATE:

NAME LAST, FIRST & M.I .		WAIVER TYPE: (CHECK ONE) ☐ PFDS ☐ CONSOLIDATED
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
RECIP. ACCESS NUMBER:	WAIVER EFFECTIVE DATE:	MARITIAL STATUS: (SEE BELOW)

FOR COUNTY ASSISTANCE OFFICE USE ONLY

☐ PA 600-L APPLICATION IS NEEDED ☐ NO PA 600-L NEEDED _____ ☐ RSN: (SEE BELOW) _____

_____ CAO SIGNATURE: _____ DATE:

MARTIAL STATUS	REASON CODES
N - NEVER MARRIED M - LIVING SPOUSE D - DIVORCED S - LEGALLY SEPARATED W - WIDOW/WIDOWER	20 - NOT AN ACTIVE MEDICAL ASSISTANCE CASE 21 - RECIPIENT CLASSIFIED AS SSI, BUT DOES NOT RECEIVE SSI BENEFIT. 23 - RECEIVES MA BENEFITS WITH OTHERS 24 - LAST EXAMINATION OF ELIGIBILITY MORE THAN 6 MONTHS AGO 25 - RECIPIENT NOT ON IEVS DATABASE 26 - NOT A RECIPIENT IN _____ COUNTY 27 - POTENTIAL RESOURCES 28 - OTHER: