TITLE XIX ENROLLMENT FORM

TRANSACTION CODES

- ☐ Add New Base Case And First Recipient Data
- ☐ Add Additional Recipient Data
- ☐ Reopen Base Case And First Recipient Data
- ☐ Reopen Base Case And Other Than First Recipient
- ☐ Reopen Individual Recipient
- ☐ Change Base Case Record
- ☐ Change Individual Recipient Record
- ☐ Cancel Case
- ☐ Cancel Individual Recipient
- ☐ Request An ID Card
- ☐ Request A CID Document
- ☐ Add TPL Data
- ☐ Change TPL Data
- ☐ Inquiry

BASE CASE DATA

XIX NUMBER ☐☐☐ - ☐☐☐☐☐☐ - ☐☐ - ☐ CURRENT C/C CODE ☐☐☐ CASE WORKER ☐☐☐☐

ADDRESS ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CITY ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ STATE ☐☐ ZIP ☐☐☐☐☐ - ☐☐☐☐ REV DT ☐☐☐☐ SPECIAL REV ☐☐☐☐☐☐

CASE NAME LAST ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ FIRST ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐ SUF ☐☐☐ RSN CANCEL ☐☐ DATE ☐☐☐☐☐☐

RECIPIENT DATA

RECIP SUB ☐☐ CHK DIGIT ☐ SOCIAL SECURITY NUMBER ☐☐☐ - ☐☐ - ☐☐☐☐ VACIS NUMBER ☐☐☐☐☐☐☐☐☐☐ PROTECT STATUS ☐ INDICATOR CODE ☐☐

NAME LAST ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ FIRST ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐ SUF ☐☐☐

RACE ☐ SEX ☐ BIRTH DATE (MMDDCCYY) ☐☐☐☐ - ☐☐☐☐ COUNTRY ☐☐ CITIZEN STATUS ☐ ENTRY DATE (MMYY) ☐☐☐☐ PRIOR MEDICAID NUMBER ☐☐☐ - ☐☐☐☐☐☐ - ☐☐ - ☐

BEGIN DATE MO DAY YR ☐☐☐☐☐☐ END DATE MO DAY YR ☐☐☐☐☐☐ PROG DESIG ☐☐ TYPE ☐ CANCEL RSN ☐☐ CANCEL DATE MO DAY YR ☐☐☐☐☐☐ APPLICATION DATE MO DAY YR ☐☐☐☐☐☐

SPECIAL INDICATORS ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

TPL DATA

MEDICAL RESOURCES	COVERAGE TYPE	INSURANCE COMPANY	POLICY NUMBER	BEGIN DATE MO DAY YR	END DATE MO DAY YR
☐☐☐	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐
	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐
	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐
	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐
	☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐

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