

**FACILITY SUBMISSION OF APPLICATION ON
BEHALF OF CONSUMER**



MAP-3044a (E) 03/20/2019

I. FACILITY AND CONSUMER INFORMATION

A. Facility Information:

Facility Name _____ Submission Date _____

Address _____

First and Last Name of Representative (**Print Clearly**)

Title _____ Telephone Number _____

B. Consumer Information:

Consumer's Name _____ SSN (last four digits) _____

Date of Birth _____ Sex _____ Telephone Number _____

Community Address _____

II. REASON FOR SUBMISSION

If you are signing a Medicaid application on behalf of your consumer you must include **either** a signed authorization from the consumer **or** attest that the consumer is incompetent or incapacitated. One of the following must be checked and a copy of the authorization attached.

- Guardianship papers
- Power of Attorney
- MAP-3043, **Authorization To Apply For Medicaid On My Behalf**
- MAP-3044, **Submission of Application on Behalf of an Incapacitated Consumer**
- Signature page from pre-approved master admission agreement by the HRA's Office of Legal Affairs that includes the consumer's authorization to sign and submit a Medicaid application.
- Other written authorization (specify) _____
