

CNS Paragraph Form

Date: 10.06.2017

Program Area **03** (01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number **8315**
Version Number **00003**
Effective Date **2017**
Title **Recipient Signature**
Comment
Reason Code

Certification and Authorization

By signing this form, I understand that each person listed will be enrolled in the appropriate program, if eligible. I have also read and understand the Terms, Rights and Responsibilities on the following pages. I certify under penalty of perjury that everything on this application is the truth as best I know.

If eligibility depends on the amount of my and my spouse's resources, by signing this application we authorize verification of our resources with financial institutions for the purpose of determining eligibility. Both spouses must sign below. This authorization will end if my application for Medicaid is denied, or I am no longer eligible for Medicaid, or I/we revoke this authorization in a written statement to my local Department of Social Services.

SIGNATURE of Applicant or Representative DATE

SIGNATURE of Spouse or Other Applying Adult DATE

OFFICE USE ONLY

Worker Signature	Supervisor Signature	Case Disposition

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Certificacion y Autorizacion

Al firmar este formulario, entiendo que cada persona enumerada sera inscrita en el programa adecuado, si soy elegible. Ademas, he leido y entiendo los Terminos, derechos y responsabilidades en las siguientes paginas. Certifico bajo pena de perjurio que toda la informacion en esta solicitud es verdadera segun mi leal saber y entender.

Si la elegibilidad depende del monto de los recursos mios y de mi conyuge, al firmar esta solicitud autorizo la verificacion de otros recursos con instituciones financieras con el fin de determinar la elegibilidad. Ambos conyuges deben firmar a continuacion. Esta autorizacion

terminara si mi solicitud para Medicaid es rechazada, o si ya no soy elegible para Medicaid, o si revoco/revocamos esta autorizacion en una declaracion escrita a mi Departamento local de Servicios Sociales.

FIRMA del solicitante o representante

FECHA

FIRMA DEL conyuge u otro adulto que solicita

FECHA

OFFICE USE ONLY

Worker Signature	Supervisor Signature	Case Disposition