

Current, Past, and Anticipated Wage Verification BHSF Employer

Purpose:

The BHSF Employer form is used to request current, past, or anticipated wages and health insurance coverage information for applicants/recipients whenever the client cannot provide sufficient verification.

It is also used as notification to the applicant/recipient that an employer has not responded to an inquiry regarding his/her employment.

Preparation:

This form is prepared as an original and photocopied prior to release.

Complete the "To" section with the name and address of the employer or applicant/ recipient and the "Form" section with the name and address of the local Medicaid office. Enter the date completed, applicant/recipient name, SSN, and Case ID#.

Obtain the signature of the applicant/recipient, when the form is addressed to an employer. Check the appropriate box to indicate the information being requested and enter appropriate information in the blanks, where applicable.

Enter a date (five working days from the mailing date) by which the employer or applicant/recipient is to respond to the request.

The Agency Representative's name and office number should appear on the document where indicated.

Disposition:

The original form is mailed to the employer with a self – addressed, stamped envelope or given or mailed to the applicant/recipient to take to the employer.
The duplicate shall be filed in the case record.

When insurance coverage is given, the agency representative shall input this information to the Third Party Resource File via 117-1 procedures.

Upon receipt of the completed form, file in the case record. Document all activity in the case activity log.