Ohio Department of Medicaid

REFERRAL FOR MEDICAID CONTINUING ELIGIBILITY REVIEW

Public Children Services Agency (PCSA) to County Department of Job and Family Services (CDJFS)

Section 1 – Information Regarding the Referred Individual

First Name	M.I.	Last Name	Date of Birth	Was this Individual Receiving ☐ AA ☐ FCM

Social Security Number	Gender ☐ Male ☐ Female	Is this Individual Pregnant? ☐ Yes ☐ No	Is this Individual Disabled? ☐ Yes ☐ No

Street Address	City	State	Zip Code	County	Home Phone Number

Dates of PCSA Custody *(if applicable)*	Date Medicaid in SACWIS Began	Date Medicaid in SACWIS Ended

Did the Individual Age Out of Foster Care in Ohio at Age 18 or Older? ☐ Yes ☐ No	Has Citizenship or Qualified Non-Citizen Status Been Verified by the PCSA? ☐ Yes ☐ No	Date of Last Annual Reasonable Efforts	Reason for Termination

If the individual listed is aging out of foster care, skip sections 2 and 3, continue to section 4.
If the individual is not aging out of foster care, please complete all sections below.

Section 2 – Parent(s) or Caretaker(s) Information

1 Parent or Caretaker Name *(First, MI, Last)*				**2** Parent or Caretaker Name *(First, MI, Last)*			
Social Security Number *(if known)*				Social Security Number *(if known)*			
Date of Birth	Phone Number			Date of Birth	Phone Number		
Address	City	State	Zip	Address	City	State	Zip
Relationship to Referred Individual				Relationship to Referred Individual			
Receives Medicaid, OWF, or SNAP?				Receives Medicaid, OWF, or SNAP?			
Case Number *(if known)*				Case Number *(if known)*			

Section 3 – Income Information. If known, list earned or unearned income of the referred individual and parent(s)/caretaker(s).

Name	Employer or Income Source	Gross Amount	How Often Received
1.			
2.			
3.			

Section 4 – Other Health Insurance Information. If known, list other health insurance or medical support order information.

Insurance Company	Policy Number	Monthly Premium

By signing this document, the PCSA affirms it has verified and documented U.S. Citizenship in accordance with OAC 5160:1-2-11 or Qualified Non-Citizen status in accordance with OAC 5160:1-2-12. The PCSA also affirms the individual is no longer eligible for a Medicaid category identified in OAC 5160:1-4-06 and has issued proper notice and hearing rights, in accordance with Division 5101:6 of the Administrative Code, to the affected individual identified on this form. Upon receipt of this form, the CDJFS is responsible for completing a Pre-Termination Review (PTR) to determine whether the referred individual qualifies for Continuous Eligibility (CE) or has eligibility under another Medicaid category.

Signature of PCSA Representative/Title	Phone Number	Email Address	Date Signed