

Eligibility Forms that Require a Signature

12/2020

This is a list of Minnesota Health Care Programs (MHCP) eligibility forms that require a signature. A signature on these forms can be submitted electronically as described in EPM 1.2.6 (“Signature”). The forms listed here are available in a variety of languages. An electronic signature is acceptable on all language versions.

Applications or Application Supplements

- DHS-3417B Minnesota Health Care Programs Request to Apply for Minnesota Health Care Programs
- DHS-3443 Minnesota Health Care Programs Individual Discharge Information Sheet
- DHS-3525 Minnesota Health Care Programs (MHCP) Application and Renewal Form for Medical Assistance for Women with Breast or Cervical Cancer (MA-BC)
- DHS-3531 Minnesota Health Care Programs (MHCP) Application for Medical Assistance for Long-Term-Care Services (MA-LTC)
- DHS-3543 Minnesota Health Care Programs (MHCP) Request for Payment of Long-Term Care Services
- DHS-3543A Payment of Long-Term Care Services (Families with Children and Adults)
- DHS-3727 Combined Annual Renewal for Certain Populations
- DHS-3876 Minnesota Health Care Programs (MHCP) Application for Certain Populations
- DHS-3881 Minnesota Health Care Programs Hospital Presumptive Eligibility (HPE) Application
- DHS-4740 Minnesota Family Planning Program Application
- DHS-5038 Minnesota Health Care Programs Request to Reopen Medical Assistance (MA) (for individuals incarcerated less than 12 months)
- DHS-6696 MNsure Application for Health Coverage and Help Paying Costs
- DHS-6696A Supplement to MNsure Application for Health Coverage and Help Paying Costs
- DHS-6696B Supplement to the Minnesota Health Care Programs Application for Certain Populations
- DHS-6696C MNsure Signature Page
- DHS-6696G Minnesota Health Care Programs Medical Assistance (MA) Payment for Inpatient Hospital Care for Incarcerated People
- DHS-7310 Medical Assistance (MA) Coverage for COVID-19 Testing

Renewals

- Renewal Form (Minnesota Eligibility Technology (METS) Need-to-Renew and Modified Need-to-Renew)
- DHS-2128 Minnesota Health Care Programs (MHCP) Renewal for People Receiving Long-Term Care Services
- DHS-3418 Minnesota Health Care Programs Renewal
- DHS-3525A Minnesota Health Care Programs Certification of Further Treatment Required
- DHS-5440 Minnesota Family Planning Program Renewal
- DHS-5576 Combined Six-Month Report

Proofs or Other Forms Required for Eligibility

- DHS-1922B Minnesota Health Care Programs Health Insurance Information Form (HIIF)
- DHS-4843A Minnesota Health Care Programs Proof of U.S. Citizenship Statement by Applicant/Enrollee
- DHS-4843B Minnesota Health Care Programs Proof of U.S. Citizenship Statement by Friend or Family Member
- DHS-6035 Minnesota Health Care Programs Request for Proof of Residence

Authorizations for Release of Information

- DHS-3549 General Consent/Authorization to Release Information (*for consent related to MHCP eligibility only*)
- DHS-3437 Minnesota Health Care Programs Giving Permission for Someone to Act on My Behalf
- DHS-3437A The Minnesota Family Planning Program Giving Permission for Someone to Act on My Behalf
- DHS-7823 Authorization to Obtain Financial Information from the Account Validation Service (AVS)
- DHS-6112 Minnesota Health Care Programs Medical Need
- DHS-3348 Minnesota Health Care Programs Employer Insurance Information Form
- DHS-4279 Minnesota Health Care Programs Employer Statement

Long Term Care

- DHS-3050 Minnesota Health Care Programs Long-Term Care/County Communication Form
- DHS-3340 Minnesota Health Care Programs Asset Assessment for Medical Assistance for Long-Term Care Services (MA-LTC)
- DHS-5143 Minnesota Health Care Programs Required Annuity Information
- DHS-5426A Permission to Share Long-Term Care Insurance Information
- DHS-5426C Long-Term Care Partnership Protected Assets
- DHS-5426D Long-Term Care Partnership Protected Assets Review
- DHS-5426E Long-Term Care Partnership Updated Insurance Information

SMRT Forms

- DHS-6124 State Medical Review Team Authorization to Release Protected Health Information
- DHS-6125 State Medical Review Team Adult Disability Worksheet
- DHS-6126 State Medical Review Team Children's Disability Worksheet

Other Forms

- DHS-2975 Minnesota Health Care Programs Transition Year Medical Assistance Quarterly Report
- DHS-3081 Minnesota Health Care Programs Agreement to Prepay Medical Assistance (MA) Spenddown
- DHS-3161 Minnesota Health Care Programs Agreement to Use Designated Provider
- DHS-3261 Minnesota Health Care Programs Expense Reimbursement Form

- DHS-4796 Minnesota Health Care Programs Change Request Form