



STATUS NOTICE OF OSS/HCDA APPLICATION

TO: _____
(Case Manager or Services Unit)

Address

RE: _____
Name of Applicant

Designated Representative

SSN of Applicant

The Economic Self-Sufficiency Specialist shown below is processing the above applicant's request for OSS or HCDA. We still need the following information in order to complete the application process:

- ☐ Form 2337 (required) – request for assistance (signed and dated application)
- ☐ Form 1006 (required) – Alternate Care Certification for OSS
- ☐ Form 1020 (required) – Certification for HCDA
- ☐ Form 2635 – Protective Payee Agreement
- ☐ Form 2613 – Financial Information Release
- ☐ Form 2514 – Authorization to Disclose Information
- ☐ Form 990 – Designation of Beneficiary
- ☐ Proof of SSI Eligibility or Application filed

Please forward the above checked document(s) by _____ so we can complete the determination of eligibility for OSS or HCDA. If applicable, please forward any of the other documents as soon as possible.

- ☐ Applicant meets financial requirements for HCDA due to Medicaid eligibility under:
- ☐ SSI-DA ☐ MEDS-AD ☐ HCBS ☐ Documentation of eligibility attached

- ☐ All of the required forms have been received.

Date RFA received by DCF: _____

Originally received by: ☐ Adult Services ☐ ESS

☐ ADM ☐ Developmental Services

Date RFA received by ESS Unit: _____

You will be notified of the application disposition as soon as eligibility has been determined. If you have any questions, please contact the Economic Self-Sufficiency Specialist listed below.

Additional Comments:

Economic Self-Sufficiency Specialist's Signature

Phone Number

Date