



STATUS NOTICE OF OSS/HCDA APPLICATION

TO: _____
(Case Manager or Services Unit)

RE: _____
Name of Applicant

Address

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