

471-000-1 Instructions for Completing Form EA-117, "Application for Assistance"

Use: Form EA-117 is used for initial application and review.

Form EA-117 may be used for:

1. Aid to Dependent Children/Medical Assistance;
2. Aid to the Aged, Blind or Disabled/Medical Assistance;
3. State Disability Program/Medical Assistance;
4. Refugee Resettlement Program;
5. Food Stamp Benefits;
6. Energy Assistance;
7. Medicaid;
8. Kids Connection;
9. Child Care Subsidy;
10. Personal Assistance Services;
11. Chore;
12. Transportation;
13. Meals;
14. Adult Day Care;
15. Respite; and
16. Other services.

Number Prepared: One copy of Form EA-117 is completed. The form may be mailed or given to an applicant.

Completion: Form EA-117 is designed to be completed by the client. The worker may assist the client in completing the form, or the form may be completed by the client's representative. The signatures that are required are determined by program regulations.

The worker may alter an initial application up to the date of approval. If the worker adds information received from a client to a properly signed application, the worker must date the information and:

1. Request that the client initial the change, if the client is present; or
2. Identify the source of the information, if the client is not present.

If additional information is disclosed at the interview, it is suggested that the worker document additional information in a different colored ink.

If a substantial amount of information is added during the face-to-face interview, the worker may request that the client sign and date the application again.

An application for a review may be altered up to the date the redetermination has been completed. The client does not need to initial each change. The client's signature is required.

The first two pages contain an explanation of assistance programs available, as well as a brief explanation of some verifications required by the programs.

Field 1: This contains instructions for completing the application.

Field 2: Field 2 has space to request an interpreter.

Field 3: Field 3 is the first indicator of the client's need(s). After completion of the interview, the worker assesses the client's situation and offers all available programs which the client may be eligible for. The client may choose to apply for or decline any service.

The following fields are self-explanatory.

Pages 14 through 16 contain basic rights and responsibilities. Page 16 contains Authorization for Release of Information and signature spaces. The client must initial and sign on page 16 for it to be considered a completed application.

Pages 17 through 22 are an information packet that is torn off and given to the client.

Disposition: Form EA-117 is filed in the case record.

Filing Instructions: Form EA-117 is filed in section 2 of the case record.

Retention: Form EA-117 is retained for four years. The last Form EA-117 must be retained in the record until a more current application is obtained.

REV. APRIL 1, 2014  
MANUAL LETTER # 21-2014

NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

MEDICAID SERVICES  
471-000-1  
Page 3 of 26

To view pages 3 through 26 Click here: [Application for Assistance](#)

[APLICACIÓN PARA ASISTENCIA](#)