

## Standardized Provider Submission re: Authorization of Room & Board

Please note that this form must be completed whenever a consumer's SSI funding changes, the family income changes, or the consumer loses SSI. It is the responsibility of the Case Responsible Provider to monitor changes in the consumer's funding profile.

In requesting authorization for payment of state-funded room and board for

\_\_\_\_\_, a Medicaid eligible child from \_\_\_\_\_  
(Name of Child) (County of Eligibility)

County receiving residential treatment at \_\_\_\_\_,  
(Name of Residential Provider)

I submit the following information, which is true to the best of my knowledge and belief:

1. This child is not in the custody of DSS:
2. Indicate the current SSI status below:
  - \_\_\_\_\_ Applied for SSI, but no first level appeal decision has been made  
*(attach proof of the SSI application).*
  - \_\_\_\_\_ Consumer's application for SSI has been denied at the first level of appeal  
*(attach a copy of the SSI denial letter through the first level of appeal).*
  - \_\_\_\_\_ Currently receives SSI and the monthly amount is less than \$623/month  
*(attach a copy of the SSI check).*
3. Indicate a method of verification below that the family is at or below 200% of the federal poverty level:
  - \_\_\_\_\_ The parent/guardian is Medicaid eligible  
*(attach copy of parent/guardian's Medicaid card).*
  - \_\_\_\_\_ The parent's/guardian's gross pay is at or below 200% of the federal poverty level  
*(attach copies of the previous month's pay stubs).*
    - \_\_\_\_\_ Indicate the family size here.
  - \_\_\_\_\_ The parent/guardian received a recent Food Stamp approval notice  
*(attach a copy of the DSS letter).*
  - \_\_\_\_\_ The parent/guardian is retired or disabled and receives SS/SSDI  
*(attach a copy of the SS/SSDI check).*
    - \_\_\_\_\_ Indicate the family size here.

\* A SAR is required to formally request authorization for Room and Board.

\_\_\_\_\_  
(Signature of the person completing this form)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Community Support Agency: \_\_\_\_\_