

## MEDICAL PROGRAM TRANSFER CHECKLIST

**Case Name** \_\_\_\_\_ **Medical Case #** \_\_\_\_\_  
*Last* *First* *MI* **Field Case #** \_\_\_\_\_

**The following documents are required to be copied and sent with the checklist:**

- Complete application
- ES 3850, including all Citizenship/ID documents
- Income worksheet
- Income verification, including self-employment income verification
- Case log
- Alien verification
- Trust fund information
- Pregnancy verification
- TPL (front and back of card)

**Do not send the following: BARI, BASI, or EATSS screen prints.**

Have all family medical programs been authorized on MEBH through the current **SYSTEM** month? This includes only completed case actions (PWs must not be transferred when in expedited status awaiting postponed verification)

Yes

Was prior medical requested?

Yes  No

If yes, was prior medical addressed?

\_\_\_\_\_

Has PRAP been coded with the correct citizenship and identity codes?

Yes

Was a full year of coverage provided? What is the eligibility period?

\_\_\_\_\_ to \_\_\_\_\_

Has a transfer notice been sent to the family?

Yes

If Title 21, was a Title 21 approval notice sent and the premium balance checked?

Yes

Was the Case Location of '33' updated on the ADDR screen?

Yes

Date case electronically transferred to the Clearinghouse (caseload 331-1-99)