

APPLICATION CLEARANCE FORM

BHSF Clearance

Purpose:

BHSF Clearance form is used by the Application Center Representative whenever it is determined that a documentary / explanatory statement is needed at initial application.

Preparation:

This form is completed as an original. Complete all identifying information except the Case ID number. Photocopies are made as needed for the applicant. It shall be completed, signed, and dated by the AC Representative.

Disposition:

Forward the completed original **BHSF Clearance** form daily to the appropriate Medicaid Office after submission of the *Electronic Medicaid Application*.