

ENUMERATION REFERRAL

BHSF Enumeration

Purpose:

The **BHSF Enumeration** form is used to refer all applicants in need of a SSN to the local Social Security Office.

Preparation:

The **BHSF Enumeration** is prepared as an original which is given to the applicant. A photocopy of the form shall be made before the original is released.

Enter the name of the local parish Medicaid Office in the "From" Section.

Enter the date the form is being completed, the applicant's name, and Social Security Number.

Enter the name of the applicant for whom a Social Security Number is being requested. The ID# is not required.

Complete the blank on the second line of the "Instructions Section." Enter ten (10) calendar days from the date of the application appointment as the date by which the applicant must apply for a Social Security Number.

Disposition:

Forward a completed copy of the **BHSF Enumeration** form daily to the appropriate Medicaid Office after submission of the *Electronic Medicaid Application*.