

**REQUEST FOR RESOURCES & INTEREST
INCOME INFORMATION
BHSF Resources**

Purpose:

BHSF Resources is used to secure authorization of the applicant and his or her spouse for the release of and to obtain from financial institutions, persons, or agencies information regarding resources and interest income.

Preparation:

Form **BHSF Resources** is completed as an original during the application appointment.

Address the form to the financial institution, person, or agency being requested to give information about current and past resources and income of the applicant and/or his or her spouse.

Complete the identifying information prior to the obtaining of signatures. Obtain signatures of the applicant. Obtain signatures of witnesses, if required by policy.

Leave the "Return to" address section, blank.

DO NOT sign as the Agency Representative.

Disposition:

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