



Gallia County

848 Third Avenue
Gallipolis, Ohio 45631

740-446-3222
www.ohiomeansjobs.com/Gallia

Dear Medicaid Applicant,

We have received your application for Medicaid coverage. We can complete this process without an interview but will need verifications from you before we can proceed. A checklist is enclosed.

Please complete The Nursing Home & community Based Waiver Screening Sheet. For everything that you mark yes, you will need to provide a hard copy of verification. **You must answer all the questions and sign the sheet.**

Please return everything in the enclosed postage paid envelope or return to Gallia County Department of Jobs and Family Services at 848 Third Avenue Gallipolis, OH 45631 Attention Carita Montgomery.

Below is some information regarding your case that will be helpful when returning your documents or if you have any questions.

Assigned Case Worker: Carita Montgomery

Case Name: _____

SSN: _____

Waiver or Nursing Home: _____

Have you or your spouse been institutionalized in a hospital or facility for 30+ days? Yes/No

When was the admit date for the first 30+ day period of institutionalization? _____

If you are applying for Nursing Home Medicaid, which facility are you residing or plan to admit?

When did you or do you plan to admit to the facility? _____

Have you paid privately? Yes/No

How long have you paid privately? _____

How much have you paid? _____

Verifications due by: _____

If you should have any questions, please call Carita Montgomery at 740-578-3593

Please return all pages, failure to do so could result in denial of your application.