

## Checklist for the Medical Program

(Attach and send with each application after all information is gathered)

Today's Date: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

☐ Facility Worker: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

☒ Department of Corrections

☐ Norfolk Regional Center

☐ Hastings Regional Center

☐ Lincoln Regional Center

☐ Type of case:

☐ Inmate Medical Only

☐ AABD/MED ongoing

☐ Inpatient IMD under 22 years old

☐ Name of Client: \_\_\_\_\_

☐ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

☐ Date of Discharge: \_\_\_\_\_ or Expected Date of Discharge: \_\_\_\_\_

☐ Exact Dates of Medical Services (Inmate Medical Only):  
\_\_\_\_\_

☐ **NEEDED:**

☐ Application - EA-190 or EA-117 (EA-117 needed only if moving to house/apt)

☐ Financial Statement (Facility and Community)

☐ IM-17 AND IM-60 (Only needed for discharge)

☐ Citizenship - need State ID and Birth Certificate (birth certificate not needed if born in NE)

☐ New living Arrangement:

Address of new living arrangement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ House/Apt

☐ Assisted Living

☐ Nursing Home

☐ Other \_\_\_\_\_

Phone # \_\_\_\_\_

☐ Income:

☐ Unearned \$ \_\_\_\_\_

☐ Earned \$ \_\_\_\_\_

☐ Employer \_\_\_\_\_

Resources:

☐ Over \$2,000 (not eligible for grant)

☐ Under \$2,000 (could receive grant)

☐ \$4,000 and less eligible for Medicaid

☐ State Review Team (SRT) For Inmate Medical Only or AABD/MED ongoing

☐ Not needed if client received SSI or RSDI within the last 12 months

☐ Needed if client was not considered disabled in the last 12 months

### Additional forms needed for Referral to State Review Team (SRT)

☐ DM-5 (Physician's Confidential Report)

☐ DM-12D (Social Study)

☐ Discharge Summary

☐ History & Physical

**NOTE:** If client isn't disabled and it looks like they won't be found disabled until after they are discharged, the client may need to apply at the local office for General Assistance.