

# LOG FOR ADULT MEDICAID MAIL-IN APPLICATION

(Use To Record All Mail-In Applications Received By DSS Staff)

| Applicants Name | Address and Contact Number | Source of Appl. | Date Rec'd in Agency | Data Missing or Name of Correct County of Residence | Date mailed back to client or Date mailed to correct County | Date received back from client | Worker Assigned to Application |
|-----------------|----------------------------|-----------------|----------------------|-----------------------------------------------------|-------------------------------------------------------------|--------------------------------|--------------------------------|
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