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APPROVING AN M-AF, M-RF, AND M-IC ADD-AN-INDIVIDUAL APPLICATION  
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EIS 2257 - APPROVING AN M-AF, M-RF, AND M-IC ADD-AN-INDIVIDUAL APPLICATION{ XE  
"APPROVING AN M-AF, M-RF, AND M-IC ADD-AN-INDIVIDUAL APPLICATION" }  
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**I. GENERAL INFORMATION**

- A. Use the following instructions to complete the DSS-8125, Eligibility Information System Data sheet. A sample of the DSS-8125 is located at the end of this volume. Use the current Case Profile to determine what case level data must be changed to support the addition of an individual. For keying instructions, see [EIS 4900](#).
- B. In addition, use the current DSS-8124I Application Turnaround to determine what information has previously been entered for the applicant. This information is retained by the system and brought forward at application approval. For this reason, most of the information entered on the DSS-8124 need not be re-entered when the application is approved. These fields are noted below.
- C. If you are adding an individual(s) to a pending application, process the DSS-8125 for the add-on the next day following the approval of the pending application.
- D. A DMA-2041 is required when an applicant/recipient has health and/or accident insurance.

**II. SPECIAL SITUATIONS**

When the following actions are completed before the Add-An-Individual application is approved, you must approve and terminate the Add-an-Individual application on the same DSS-8125 (open/shut). Make every effort to approve the Add-An-Individual application before any of the actions below have been completed. DSS-8125 field by field instructions follow this section beginning with "Completing the DSS-8125".

**A. Adding An Individual(s) To An Ongoing Case Already Transferred To Another County.**

- 1. Your county will approve and terminate the application for the period of time the case was your responsibility. The county number and application number entered must be the same as on the Application Turnaround. The Case Termination Date must be the last day of the month before the county transfer effective month. Submit the DSS-8125 to Data Entry for keying. Benefits are issued through the Case Termination Date you entered on the DSS-8125.

**NOTE:** WHEN YOU ENTER THE CASE TERMINATION REASON AND DATE ON AN ADD-AN-INDIVIDUAL APPROVAL, THE ONGOING CASE IS NOT TERMINATED, ONLY THE APPLICATION.

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II. A. (CONT'D)

2. The new county must complete a DSS-8124 to activate the individual(s) in that county. The casehead/payee need not sign the second DSS-8124. Enter the transfer effective date as the date of application. Submit the DSS-8124 to Data Entry for keying no earlier than the transfer effective date. Follow the DSS-8125 field by field instructions to complete the approval.

**B. Adding An Individual To An Ongoing Case Transferring To Your County**

1. When a recipient requests that an additional person be added to their case and the request is made prior to the date the ongoing case becomes active in your county, you must complete two DSS-8124's. One DSS-8124 is for eligibility in the original county. The second DSS-8124 is for ongoing eligibility in your county. The casehead/payee must sign only the DSS-8124 for the original county.
2. Enter the original county number on the first DSS-8124. Notify that county of the pending add-an-individual application. The original county must be notified of the application at the time it is keyed in EIS. The original county is responsible for issuing benefits for any month prior to the transfer effective date. Refer to A. for instructions.
3. Enter your county number on the second DSS-8124. Enter the transfer effective date as the date of application. Key this application no earlier than the transfer effective date.

**EXAMPLE:** Mrs. Jones is currently receiving assistance in Alamance County. She moves to your county on October 1 and notifies her caseworker in Alamance County of her move. Her caseworker completes a county transfer to your county that will be effective December 1.

On October 15, Mrs. Jones comes to your agency to request that her daughter be added to her case.

Complete a DSS-8124 with October 15 as the date of application and notify Alamance County of the application. Enter the county number for Alamance County on this application. If you determine that eligibility exists for October and November, Alamance County must complete an open/shut add

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II. B. 3.(CONT'D)

approval to issue those benefits. If you determine no eligibility exists for October and November, Alamance County must complete a denial of their application. This is required because Alamance County maintains financial responsibility for the case through November 30.

Complete an administrative DSS-8124 to cover eligibility from December 1 forward. Enter your county number and December 1 as the date of application because this is the first day of financial responsibility for your county. Key this application on or after December 1. Do not issue any benefits prior to December 1.

**C. Adding An Individual(s) To An Ongoing Case Already Transferred To Another Aid Program/Category**

1. You will approve and terminate (open/shut) the application for the time period the case was in the original aid program/ category. The aid program/category entered must be the same as on the Application Turnaround. The Case Termination Date must be the last day of the month before the aid program/ category transfer effective month. Submit the DSS-8125 to Data Entry for keying. Benefits are issued through the Case Termination Date you enter on the DSS-8125.

NOTE: WHEN YOU ENTER THE CASE TERMINATION REASON AND DATE ON AN ADD-AN-INDIVIDUAL APPROVAL, THE ONGOING CASE IS NOT TERMINATED, ONLY THE APPLICATION.

2. You must complete the DSS-8124 to activate the individual in the new aid program/category. The casehead/payee need not sign the second DSS-8124. Enter the data on the DSS-8124 screen. Follow the DSS-8125 field by field instructions to complete the approval.

**D. Adding An Individual(s) To A Terminated Case**

**NOTE: THE CASE ID MUST BE THE SAME IN THE ID SEGMENT FOR EACH INDIVIDUAL WHO WAS ACTIVE ON THE CASE AT THE TIME OF TERMINATION. IF THE CASE ID IS DIFFERENT, YOU MUST COMPLETE A NEW APPLICATION (APPLICATION TYPE "1") AND APPROVE IN OPEN/TERMINATED STATUS (OPEN/SHUT).**

1. You must use the DSS-8125 to approve and terminate the application. The Case Termination Date may be before or the same as the existing termination date, but it must be the last day of the month. Submit the DSS-8125 to Data Entry for keying.

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**II. D. (CONT'D)**

2. Benefits are issued through the termination date you enter on the DSS-8125.

Do not perform the following actions in conjunction with an add-an-individual approval. Submit a separate DSS-8125 to Data Entry to be keyed after the first action processes.

**III. ACTIONS THAT REQUIRE A SEPARATE DSS-8125**

**A. Redetermination**

**B. Update of Individual Data**

1. You may not change the following individual data elements for case recipients using the same DSS-8125 completed to add a new individual to the case:
  - a. Individual Termination Date
  - b. Medicare A/B
  - c. Living Arrangement
  - d. Special Use
  - e. Date of Death
2. The following individual data must always be corrected on the Name Change Screen:
  - a. Name
  - b. Social Security Number
  - c. Date of Birth
  - d. Sex
  - e. Race/Ethnicity/Language
3. Other individual data fields may be updated for case recipients in conjunction with an add-an-individual approval.

**IV. COMPLETING THE DSS-8125**

If a numeric field requires less digits than spaces available, precede with zeroes.

**NOTE:** Ensure the fields HOW APP RECEIVED? and HLTH CH? on the DSS-8124 screen are completed for a MIC add-on approval.

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IV. (CONT'D)

A. CASE IDENTIFYING INFORMATION

1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
2. Enter the COUNTY NAME.
3. Do not enter the CASE ID. The CASE ID is brought forward from the application and may not be changed.
4. Enter your WORKER NUMBER.
5. Enter your COUNTY NUMBER.
6. Enter the COUNTY CASE NUMBER.
7. Enter the DISTRICT NUMBER.
8. Do not enter COUNTY REASSIGNMENT NEW COUNTY or EFFECTIVE DATE.
9. Enter "M" "AF", "M" "RF", or "M" "IC" for AID PROGRAM/CATEGORY.
10. Do not enter CASEHEAD/PAYEE NAME. If the individual being added is a new casehead/payee, enter the changed information through the GROUP inquiry in NAME SEARCH. See EIS-2051 for making changes to casehead/payees.
11. Enter ADDRESS LINE 1 if different than indicated on the Application Turnaround. See the Mailing Address Appendix to determine the correct abbreviations.
12. Enter ADDRESS LINE 2 if different than indicated on the Application Turnaround. See the Mailing Address Appendix to determine the correct abbreviations.
13. Enter CITY, STATE, and ZIP CODE if different than indicated on the Application Turnaround. See the Mailing Address Appendix to determine the correct abbreviation.
14. Enter the casehead/payee's three-digit area code and seven-digit PHONE NUMBER if different than indicated on the Case Profile.
15. Enter a VERIFICATION INDICATOR to indicate if all eligibility factors have been verified.

"Y" = YES

"N" = NO

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IV. (CONT'D)

16. Enter SUBSTITUTE PAYEE CODE and NAME if a substitute payee has been appointed to the case. See the Codes Appendix to determine the appropriate substitute payee code.
17. Enter the number in the NEEDS UNIT for MIC applications.
18. Do not enter a CHANGE CODE.
19. Enter "Y" in NOTICE OVERRIDE if you wish to override the automated notice. Do not enter a notice override for NC Health Choice approvals. Always override the automated notice when the DB/PML transaction is used to issue any benefits.

**B. APPLICATION DATA**

1. Enter the **APPLICATION NUMBER** from the Application Turnaround.
2. If approving ongoing coverage, enter the ONGOING DISPOSITION REASON and DATE. See the Codes Appendix to determine the appropriate disposition reason code.
3. If approving retroactive coverage, enter the RETRO DISPOSITION REASON and DATE. See the Codes Appendix to determine the appropriate disposition reason code.
  - a. The DISPOSITION DATE must be the same date the approval notice is mailed to the recipient.
  - b. If all individuals are not eligible for the same time periods, enter the ONGOING DISPOSITION REASON and DATE. After the approval processes overnight, complete a DB/PML transaction to request retroactive coverage. See [EIS 3105](#), Deductible Balance/Patient Monthly Liability Transaction, for instructions in completing the DB/PML transaction.

It is very important to enter the correct disposition reason code. Unless overridden, an automated notice is produced based on the reason entered on the DSS-8125 screen. The disposition reason code determines the text of the notice. See AUTOMATED NOTICES at the end of this section for more information regarding the automated notice.

If the notice is overridden, the disposition date must be the same date the approval notice is mailed to the recipient.

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IV. C. (CONT'D)

C. CASE TERMINATION DATA

1. Enter CASE TERMINATION REASON and DATE if an Open/Shut when:
  - a. The ongoing case has been transferred to another county; or
  - b. The ongoing case has been transferred to another aid program/category; or
  - c. The ongoing case has been terminated. The TERMINATION DATE must be before the ongoing month but not before the month of application and must be the last day of the month. See the Codes Appendix to determine the appropriate termination reason code.
2. Enter CASE TERMINATION REASON and DATE if the individual is not eligible for ongoing coverage unless there are multiple individuals. If there are multiple individuals, enter the INDIVIDUAL TERMINATION DATE.
3. Do not enter OLD CASE TERMINATION REASON and DATE.

D. DO NOT ENTER PAYMENT DATA

E. MEDICAID DATA

1. For approving ONGOING coverage only:
  - a. Enter MEDICAID STATUS.
  - b. Enter the MEDICAID EFFECTIVE DATE.
    - (1) This date must be the first month of Medicaid eligibility for each individual being added.
    - (2) If MIC, this date must not be before 10/01/87.
    - (3) This date may be 1, 2, or 3 months before the month of application if there is no break in coverage.

If there is a break, enter the ongoing date in MEDICAID EFFECTIVE DATE and the eligible months in RETRO MA 1 and 2.
    - (4) This date must be before or the same as CASE TERMINATION DATE if CASE TERMINATION DATE is entered.

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IV. E. (CONT'D)

- c. Do not enter the CERTIFICATION PERIOD FROM and THRU DATES.
- d. Enter MEDICAID CLASS.
- e. Do not enter DB/PML type or DB/PML AMOUNT.
- f. Do not enter RETRO MA 1 or RETRO MA 2.

**NOTE:** RETROACTIVE COVERAGE IS AUTHORIZED ON THE DB/PML TRANSACTION IF ALL INDIVIDUALS ARE NOT ELIGIBLE FOR THE SAME TIME PERIODS. THE AUTHORIZATION CANNOT BE ENTERED UNTIL THE APPROVAL PROCESSES OVERNIGHT. REFER TO [SECTION 3105](#), DEDUCTIBLE BALANCE/PATIENT MONTHLY LIABILITY TRANSACTION INSTRUCTIONS.

- 2. For approving RETROACTIVE coverage only:
  - a. Enter the CASE TERMINATION REASON AND DATE. The date must equal the last day of the month before the month of application.
  - b. Do not enter MEDICAID STATUS.
  - c. Do not enter MEDICAID EFFECTIVE DATE.
  - d. Do not enter CERTIFICATION FROM and THRU DATES.
  - e. Do not enter MEDICAID CLASS.
  - f. Do not enter DB/PML TYPE.
  - g. Do not enter DB/PML AMOUNT.

**F. RETRO MA 1 AND 2**

1. RETRO MA 1

Complete RETRO MA 1 to authorize Medicaid before the month of application.

- a. Enter "M" "AF", "M" "RF", or "M" "IC" for the AID PROGRAM/CATEGORY as applicable.
- b. Enter the AUTHORIZATION FROM and AUTHORIZATION THRU dates.

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IV. F. b. (CONT'D)

- (1) AUTH FROM DATE:
  - (a) Must be before the application month.
  - (b) May be up to three months before the month of application.
  - (c) If MIC, must not be before 10/01/87.
  - (d) Must be before the MEDICAID EFFECTIVE DATE if MEDICAID EFFECTIVE is entered.

- (2) AUTH THRU DATE:
  - (a) Must be before the application month.
  - (b) Must be the last day of the month.
  - (c) Cannot be before the FROM DATE.
  - (d) Must be before the RETRO MA-2 FROM DATE if RETRO MA-2 information is entered.
  - (e) Must be before the MEDICAID EFFECTIVE DATE if MEDICAID EFFECTIVE is entered.

c. Enter the MEDICAID CLASS for the retroactive period.

2. RETRO MA 2

Do not enter RETRO MA 2 unless RETRO MA 1 has been completed. If there is a break in the retroactive coverage, complete RETRO MA 2.

a. Enter the AID PROGRAM/CATEGORY under which the retroactive coverage is given.

b. Enter the AUTHORIZATION FROM and AUTHORIZATION THRU date.

- (1) AUTH FROM DATE:
  - (a) Must be before the month of application.
  - (b) May be up to three (3) months before the month of application.
  - (c) Must be before the MEDICAID EFFECTIVE DATE if the MEDICAID EFFECTIVE DATE is entered.

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IV. F. 2. (CONT'D)

(2) AUTH THRU DATE:

- (a) Must be before the month of application.
- (b) Cannot be before the FROM DATE.
- (c) Must be the last day of the month.
- (d) Must be before the MEDICAID EFFECTIVE DATE if MEDICAID EFFECTIVE DATE is entered.

c. Enter the MEDICAID CLASS for the retroactive period.

**G. EARNED INCOME (IF ZERO, LEAVE BLANK)**

- 1. Enter the GROSS EARNED INCOME. The amount must be dollars and cents. The amount must be entered if WORK EXPENSES, CHILD/ADULT CARE, DISREGARD, or NET EARNED INCOME is entered.
- 2. Enter the WORK EXPENSES. The amount must be dollars and cents.
- 3. Enter the CHILD/ADULT CARE. The amount must be dollars and cents.
- 4. Enter the DISREGARD. The amount must be dollars and cents.
- 5. Enter the NET EARNED INCOME AMOUNT. The amount must be dollars and cents.
- 6. Do not enter GRANT RECOUPMENT CODE, AMOUNT, OR END DATE.

**H. UNEARNED INCOME (IF ZERO, LEAVE BLANK)**

All fields must be in dollar and cents amounts.

- 1. Enter the RSDI AMOUNT. If entered, RSDI CLAIM NUMBER is required.
- 2. Enter the TOTAL NET UNEARNED INCOME.

**I. Enter the OTHER UNEARNED INCOME.**

- 1. The amount must be dollars and cents.
- 2. The amount must be included in the TOTAL NET UNEARNED INCOME.

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**J.** Enter the **TOTAL NET UNEARNED INCOME**.

1. The amount must be dollars and cents.
2. The amount must be the same as the RSDI AMOUNT plus OTHER UNEARNED, if RSDI and OTHER UNEARNED INCOME is entered.
3. TOTAL COUNTABLE MONTHLY INCOME must also be entered.

**K.** **NEEDS**

1. Enter the MAINTENANCE AMOUNT.
  - a. The amount must be a whole dollar amount. Enter zeroes in the cents column.
  - b. The amount must be more than or the same as the TOTAL COUNTABLE INCOME.
  - c. If MIC, update the MAINTENANCE AMOUNT with the NEW POVERTY INCOME LEVEL AMOUNT.

**NOTE: NOT ALLOWED IF CASE TERMINATION REASON AND DATE ARE ENTERED.**

2. Do not enter **AMBULATION CAPACITY**.
3. Do not enter **DOMICILIARY RATE**.
4. Enter the **TOTAL COUNTABLE MONTHLY INCOME**. (If zero, leave blank). If entered, the amount must be dollars and cents.
  - a. The amount must be entered if **TOTAL NET UNEARNED INCOME** is entered and must be the same amount or more.
  - b. The amount must be the same amount or more than the RSDI amount if RSDI entered.
  - c. Do not enter if **CASE TERMINATION REASON** and **DATE** are entered.

**L.** **SPECIAL DATA**

1. Do not enter **FOOD STAMP NUMBER**.
2. Enter a **STEPPARENT INDICATOR** if different than indicated on the Case Profile. This is an optional field.
3. Do not enter **GRANDFATHER STATUS CODE** and **DATE**.

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IV. L. (CONT'D)

4. Mark "YES" or "NO" for VA PAYMENT.
5. Enter SPECIAL REVIEW TYPE and DATE if needed. See the Codes Appendix to determine the appropriate special review type and date. Do not enter if CASE TERMINATION REASON and DATE are entered.
6. Do not enter JOBS/WORK REQUIREMENT SAVINGS REASON and AMOUNT.
7. Enter the SPECIAL USE CODE and DATA if needed. See the Codes Appendix to determine the appropriate special use code and date.

**M. SPECIAL COVERAGE GROUP DATA**

NOTE: FOR M-AF ONLY; DO NOT ENTER FOR M-RF AND MIC.

1. Enter the correct code in the SPECIAL COVERAGE GROUP CODE field if applicable. Refer to EIS 4000, codes appendix for valid codes.
2. Enter the six digit SPECIAL COVERAGE GROUP BEGIN DATE.
  - a. The BEGIN DATE cannot be before the application date.
  - b. The BEGIN DATE must be the first day of the month.
  - c. If a CASE TERMINATION DATE is entered, the BEGIN DATE cannot be before the CASE TERMINATION DATE.
3. If Open/Shut, enter the date coverage ends in SPECIAL COVERAGE GROUP END DATE. This must be the last day of the month.
4. Do not enter SPECIAL COVERAGE GROUPS 2 and 3.
5. Do not enter SPECIAL NEEDS.

**N. SUPPLEMENTAL NOTICE INFORMATION**

The following three data elements have been added to the DSS-8125 Data Entry screen. A recommended form in which to enter the information can be found at the end of this section. This form should be attached to your DSS-8125 when submitting to Data Entry for keying.

**1. AUTHORIZED REPRESENTATIVE NAME AND ADDRESS**

If an applicant had an authorized representative acting in his behalf, the authorized representative's name and address may be entered for the purpose of mailing an automated notice to the authorized representative in addition to the applicant.

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IV. N. (CONT'D)

2. **SECONDARY NOTICE CODE**

This code may be used in addition to the disposition code at approval time only. You may use it in situations when additional information is needed. Refer to Secondary Notice Codes in the Codes Appendix.

3. **NOTICE TEXT**

This section may be used to provide additional information to the applicant when a Secondary Notice Code is not applicable.

0. **INDIVIDUAL DATA**

The casehead name and the individual data for the individual(s) included on the case will be brought forward from the case or the application and cannot be changed. When a DSS-8125 is keyed, EIS reads the common name database to retrieve the individual assigned to the case id with a casehead/payee status of "P". If any of the individual(s) data is incorrect, use the NAME CHANGE screen to make the appropriate correction(s).

Enter the following data:

1. Enter an **INDIVIDUAL TERMINATION DATE** when:
  - a. Multiple individuals are added with different **MEDICAID EFFECTIVE DATES**. Use the DB/PML transaction to authorize individual benefits. See [EIS 3105](#), Deductible Balance/Patient Monthly Liability Transaction for instructions.
  - b. One or more individuals are not eligible for ongoing benefits.

**NOTE: DO NOT ENTER AN INDIVIDUAL TERMINATION DATE WHEN ENTERING A DATE OF DEATH.**

2. Do not enter **CASE STATUS**. The system generates this code.
3. Enter the **RSDI CLAIM NUMBER** if the individual receives Social Security benefits or has Medicare coverage.
4. Enter "Y" or "N" in **MEDICARE A** to indicate whether or not the individual has Medicare A. If "Y" is entered, the **RSDI CLAIM NUMBER** must also be entered.
5. Enter "Y" or "N" in **MEDICARE B** to indicate whether or not the individual has Medicare B. If "Y" is entered, the **RSDI CLAIM NUMBER** must also be entered.

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6. Enter a **FAMILY STATUS CODE**.
7. Enter a **LIVING ARRANGEMENT** code. See the [Codes Appendix](#) to determine the appropriate living arrangement code.
8. Do not enter a **SPECIAL REPORT CODE**.
9. Do not enter **JOBS/WORK REGISTRATION/EXEMPTION**.
10. Enter **SPECIAL USE CODE** and **DATA** if needed. See the [Codes Appendix](#) to determine the appropriate special use code and dates.
11. Enter a **REFUGEE STATUS CODE** and **U.S. ENTRY DATE** (in MMCCYY format), if applicable. See the [Codes Appendix](#) to determine the appropriate Refugee Status code.
  - a. The **U.S. ENTRY DATE** must be the month and year the individual entered the **UNITED STATES**.
  - b. All individuals added must have the same U.S. Entry Date, and the date must be the same as the individual(s) already in the case. If the date is more than 12 months before the date of application, the form does not process. (MRF only).
12. Enter **DATE of DEATH** if the individual is deceased. If the add individual is deceased before the application is approved:
  - a. The **DATE of DEATH** must be before or the same as the current date.
  - b. The **DATE of DEATH** must be after or the same date as the application date.
  - c. The **DATE of DEATH** must be before or the same as the **CASE TERMINATION DATE** if **CASE TERMINATION DATE** entered.
  - d. When entering **DATE OF DEATH**, do not enter an **INDIVIDUAL TERMINATION DATE**.
13. Enter the two digit **CITIZEN/ID** code and the date (in MMDDCCYY format), if applicable. Enter Citizen/ID codes for refugee, asylee, Cuban/Haitian status, Amerasian, trafficking victim or special immigrant. See the [Codes Appendix](#) to determine the appropriate Citizen/ID code and what the date reflects.
14. Enter Alien ID number, if applicable. Key only the numeric parts of the Alien ID number. Do not enter the alpha "A".
15. Enter the **RELATIONSHIP TO PAYEE** code. See [Codes Appendix](#) to determine the appropriate code.

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16. Do not enter **E&T** (Employment/Training).
17. Do not enter **JOBS/WORK REGISTRATION/EXEMPTION**.
18. Do not enter **ED. EMPL** (Education Employment).
19. Do not enter **INCOME**.
20. Do not enter **EXPENSES**.
21. Do not enter **CHILD/ADULT CARE**.
22. Do not enter **NET INCOME**.
23. Do not enter **EDUCATIONAL LEVEL**.
24. Enter type and date of **EDUCATION** provided. (Not allowed for MRF). Refer to [EIS 4100](#), Community Care of North Carolina, for more information.
25. Enter "Y" or "N" for ISSUE CARD. If the individual has an annual Medicaid card from a prior time, enter "N". A new card will not be issued. If the individual states they do not have an annual Medicaid card, enter "Y". A new card will be produced the night the approval processes and mailed the following workday.
26. Enter **COMMUNITY CARE OF NORTH CAROLINA** (CCNC) Provider or exempt number. (Not allowed for MAF-D/Family Planning), or MRF). Refer to [EIS 4100](#), Community Care of North Carolina, for more information.
27. Complete the DSS-8126, Continuation Sheet, using instructions in III. K. as a continuation of the DSS-8125 to enter individual data when there is more than one person added. If there are more than three individuals, complete a second DSS-8126(s). A sample of the DSS-8126 is located at the end of this volume.

P. **SIGNATURES AND DATE**

1. Enter the **DATE COMPLETED**.
2. Sign the DSS-8125 in **WORKER'S SIGNATURE** field.
3. The county director or his designee must sign the form in the **DIRECTOR'S SIGNATURE** field.

V. **KEY THE DSS-8125 AND THE DSS-8126'S.**

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**VI. OUTPUTS**

When the DSS-8125 has processed successfully, the following are received;

**A. CASE PROFILES**

A Case Profile is produced the night the add individual approval processes and is mailed to the county the following work day.

**B. CASEWORKER SUPERVISOR REPORT**

The application approval is reported on the Caseworker Supervisor Report. The number of approvals completed is determined from the WORKER NUMBER

**VII. AUTOMATED NOTICES**

- A. An automated notice ([DSS-8108A](#)) is produced for each MAF, MRF or MIC Add-individual approval the night the DSS-8125 processes in the system unless "Y" is entered for "NOTICE OVERRIDE".

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VII. (CONT'D)

- B. The DISPOSITION REASON CODE, the SECONDARY NOTICE CODE, and the NOTICE TEXT entered on the DSS-8125 determines the text of the notice.
- C. The system calculates the 60th calendar day for the notice.
- D. The date of the automated notice is the next state workday after the DSS-8125 processes. This is the date the notice is mailed to the recipient. A copy of the notice is mailed to the authorized representative if the Authorized Representative Name and Address are entered on the DSS-8125. A copy of the notice is not mailed to the county.
- E. A Notice Register Report is produced each night and is mailed to the county the following workday. This report lists vital information related to all automated notices produced for that day. See [EIS 2304](#) for more information regarding the Notice Register Report.