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**RECEIVING MAIL-IN APPLICATIONS**

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**MA-3207 RECEIVING MAIL-IN APPLICATIONS  
REVISED 12/01/12 – CHANGE NO. 15-12**

**I. INTRODUCTION**

A mail-in application is defined as any application in which a face-to-face interview is not conducted by the Income Maintenance Caseworker. This includes applications **which are mailed or faxed** by the individual or by another agency, such as the Health Department. It also includes applications that are picked up at the local DSS, completed by the individual and returned to the DSS without a face-to-face interview. Certain procedures must be followed when a mail-in application is received by the DSS. This section explains those procedures.

**II. POLICY PRINCIPLES**

All mail-in applications must be:

- A. Entered on the DMA-5066, Log for NC Health Choice/Medicaid Mail-In Applications, and**
- B. Screened to determine if they are complete, and**
- C. Returned to the individual if it is determined that the application is incomplete.**

**III. PROCEDURES**

**A. Mail-in Application Log**

If a county chooses not to use the DMA-5066, Log for NC Health Choice/Medicaid Mail-In Applications, the county must establish a mail-in application log to register and track applications. Refer to the DMA-5066, Log for NC Health Choice/Medicaid Mail-In Applications. The log must include, at a minimum, the following information:

1. Name of the payee and child(ren)
2. Address
3. Source of the application (either Health Department or Mail-in)
4. Date received in the agency

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(III.A.)

5. For applications determined to be incomplete, the reason the application is incomplete, the date returned to the client and the date received back from the client.
6. Assigned worker.

**B. Screening the Application**

All mail-in applications must be screened for completeness. **Accept faxed applications as long as requirements stated in 1.a below are met.** This includes reenrollment forms with new individuals.

1. A complete application is one that meets the following criteria.
  - a. The information provided is legible.
  - b. The application is submitted to the correct county of residence based upon the address provided.
  - c. The application is signed.
  - d. The application includes:
    - (1) The name, date of birth, and sex of the person applying.
    - (2) A mailing address.
    - (3) The name, date of birth, and sex of one or more children unless the individual is applying only for M-PW or FPW coverage.
    - (4) Race is not required for the application to be considered complete; however, it is required to assign the identification number through EIS. If race is not reported, use the “other” code in EIS for assignment of the ID number.
2. If the application is incomplete take the following actions within one workday.
  - a. If the application is incomplete only because it is received in the wrong county, forward it to the DSS in the correct county of residence.

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(II.B.2.)

- b. If the application is incomplete because it is missing information, return it to the individual along with a cover letter indicating that the form is incomplete and noting what information is needed. Use the [DMA-5104/DMA-5104s, Notice of Incomplete Application](#).
- c. If the application is incomplete because it is missing information and is received in the wrong county, return it to the individual along with a cover letter indicating that the form is incomplete and informing him of the information that is needed and of the correct county of residence.
- d. If the application is incomplete for any of the reasons listed, including the application being illegible, treat the application as an inquiry. Refer to [MA-3205, Conducting the Face-to-Face Intake Interview](#), for inquiry instructions.

**C. Evaluating the Application for the Appropriate Medicaid Categories**

1. The DMA-5063, Health Check/NC Health Choice for Children Application, can be used as an application for any Medicaid category and for all individuals listed on the application. The individuals listed on the application must be evaluated for all Medicaid categories (including Aged, Blind and Disabled categories).
2. If the information included on the application indicates that the individual(s) should apply for Aged, Blind and Disabled Medicaid program:
  - a. Within one workday of receipt of the application, send the DMA-5063, Health Check/NC Health Choice for Children Application, to the appropriate Medicaid unit within the agency.
  - b. Document the log that the application was sent to another unit.
  - c. The date of the Aged, Blind and Disabled Medicaid application is the date the complete DMA-5063 was received in the agency.
  - d. Do not require the individual to sign another application.

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(III.C.)

- e. Use the DMA-5063 or DMA-5000 to process the application for the adult or child or both in the most appropriate Medicaid category.

**D. Date of Application**

1. The date of a mail-in application is the date that a complete application is received in the agency. Always date stamp the date the application and other information for processing the application is received in the agency.
2. If the county receives the DMA-5063 and it is incomplete, the county may choose to contact the individual by phone for the missing information. In this situation, the date of application is the date the DMA-5063 is first received in the agency.

**E. DMA-5063R, Mail-In Reenrollment Form**

A mail-in reenrollment form, which includes new individuals requesting Medicaid, is an application. Follow all mail-in application procedures for these individuals.

**F. Entering the Application into the Eligibility Information System**

Key the application into EIS within three workdays of a complete application being received.