

P.O. Box 3599 Topeka, KS 66601-9738 Phone: 1-800-792-4884

**Facilitator Authorization Form** 

Consumer Name: \_\_\_\_\_ Consumer ID or SSN: \_\_\_\_\_

You can name a person to Facilitator.	help you with your med	ical assistance appli	cation. This form is	used to appoint a	
A <b>Facilitator</b> is a person of application process. You read They will get copies of letter the information to be share Facilitator can be a relative	emain in charge of your ers sent to you about you ed (see below). This rele	case. We will be able ur application. You hase will stay in effect	e to share information ave the option to te t until your applicati	on with this person. Il us how long you want on is completed. A	
They cannot make reques	ts for coverage for you.				
First and Last Name					
Organization Name					
Address Line 1					
Address Line 2					
City		State	Zip Code		
Phone Number		Email Address			
What is this person's relationship to you? (For example: child, friend, neighbor, medical provider, community organization, etc.)					
I understand that I have th I understand that after this again. I understand that I am entil I understand that I may de DHCF to assign a single F organization at the specific. If you would like KDHE. I understand that this auth completed, whichever is lated An appointment of a common My signature on this form.	information is disclosed itled to a copy of this autocide whom KDHE-DHCF facilitator role for the organization.  -DHCF to speak only to the control of the c	horization. speaks to by providentization, this will all the individuals who ye facilitator role for the onths from the date the different date for the edical provider, or states.	ot protect it and the ling my initials below we to speak with ou have listed above the organization, plen is form is signed one expiration of this aff cannot exceed 1	w. If you wish for KDHE-n anyone from that  ye, please initial here ase initial here r once my application is release:	
Signature:			Date <sup>.</sup>		
Witness:				Date:	
Witness:				Date:	
vviii 1699			Date:		