Submitting a Combined Application for Assistance

This document provides instructions for filling out and submitting the Combined Application for Assistance.

- 1. The Combined Application for Assistance form may be found on the Department of Health and Welfare's website. The most recent version of the application will be available in English and Spanish translations.
- 2. The Combined Application Form will be used for all County Welfare applications and must have Medicaid eligibility determined by DHW prior to the application being submitted for County Welfare eligibility consideration.
- The Combined Application must be completed entirely and have a valid signature for consideration for either Medicaid eligibility or County assistance. Incomplete applications may be delayed or denied based on incomplete information.
- 4. The coversheet also must be completed in its entirety. Without the contact information, the Department will not be able to send notifications of denials or route applications to the appropriate county office.
- 5. The Combined Application may be submitted by hospitals or county offices and must be submitted directly to the Department by mail or fax using the following contact information:

Send the application to:

PO Box 83720 Boise, ID 83720-0026

Fax: (208) 528-3771

Electronic transmissions may be available at a later date

6. DHW will complete a Medicaid eligibility determination according to the timelines outlined for Medicaid application processing. If Medicaid is denied for any reason, the Department will send a notice of denial to the requesting hospital. The Department will also send a notice of denial with the application to the identified County office for County eligibility determination.