

MARYLAND MEDICAL ASSISTANCE PROGRAM
**APPLICANT WITHOUT REPRESENTATIVE WHO LACKS CAPACITY TO APPOINT
A REPRESENTATIVE**

INSTRUCTIONS:

Write your name and the name of the represented party in Statements 1 and 2. Initial lines 2—6 and 9.

1. I, _____, affirm I am, in good faith, acting responsibly on behalf of _____, in his or her best interest.
2. ____ I declare _____ lacks legal capacity.
3. ____ I affirm that I will fulfill all responsibilities in the scope of this representation, including as necessary:
 - (a) Signing an application on the applicant's behalf;
 - (b) Completing and submitting a renewal form;
 - (c) Receiving copies of the applicant's or beneficiary's notices from MDH or delegated entities; and
 - (d) Acting on behalf of the applicant or beneficiary in all other matters with MDH or delegated entities.
4. ____ I affirm that I will resign as authorized representative if a legal guardian is appointed or a representative previously appointed by the applicant is discovered and that individual is willing to serve as the authorized representative.
5. ____ I affirm I will fulfill all responsibilities related to Medicaid eligibility on behalf of the represented individual.
6. ____ I affirm I will maintain the confidentiality of any information I receive from MDH or delegated entities regarding the individual I represent, in compliance with applicable federal and State law.

Please initial the appropriate statement below if one of the following circumstances applies. If neither is applicable, proceed to Statement 9.

7. ____ As an officer or employee signing for an organization as representative, I declare that the organization and its directors, employees, officers or employers, if any, do not have a direct financial interest in the above-referenced individual's eligibility for Medicaid.
8. ____ As an officer or employee signing for a provider of nursing home services, I declare that
 - ____ a. Either I and/or my organization has a direct financial interest in the disposition of the Medicaid application and
 - ____ b. I have diligently pursued, without success, all reasonable means of identifying a family member or any other individual or organization that is currently the authorized representative or that may be willing and able to act as authorized representative.
9. ____ I have disclosed in this document all potential conflicts between the best interests of the above-referenced individual and the interests of my employer, or those of any other entities or individuals I currently represent.

Signed, under penalty of perjury,

Authorized Organization (if applicable)

_____/_____
Signature and Printed Name of Individual With Authority to Sign for Organization

Authorized Representative Name (print)

Authorized Representative Signature

Date