

SECOND NOTICE OF RIGHT TO CLAIM GOOD CAUSE FOR REFUSAL TO COOPERATE IN OBTAINING THIRD PARTY PAYMENTS

GOOD CAUSE CIRCUMSTANCES

You may claim to have good cause for refusing to cooperate if you believe that such cooperation would not be in your best interest or of the person for whom Medicaid is being furnished. The following are circumstances under which the Department may determine that you have good cause for refusing to cooperate. If you apply for an exception, please check the reason below most applicable to you. (Check only one reason).

- 1. Cooperation is anticipated to result in serious physical harm to you or the person for whom Medicaid is being furnished;
- 2. Cooperation is anticipated to result in serious emotional harm to you or the person for whom Medicaid is being furnished;

PROVIDING GOOD CAUSE

It is **your** responsibility to provide the Department with the evidence needed to determine whether you have good cause for refusing to cooperate. (If your reason for claiming good cause is your fear of physical harm and it is impossible to obtain evidence, the Department may still be able to make a good cause claim determination after an investigation is made); or give the necessary evidence to the Department within 20 days after claiming good cause.

The Department may determine your claim based on the evidence you provide; or an investigation may be conducted to further verify your claim. If an investigation is needed, you may be required to give information such as the absent parent's name(s) and address(es) to help the investigation. The Department will not contact the absent parent without your knowledge.

NOTE: If you are an applicant for assistance, your entire household will be ineligible for financial assistance and you will not receive medical assistance until you have given the evidence needed to support your claim and, if requested, the information needed to permit an investigation of your claim.

EXAMPLES OF ACCEPTABLE EVIDENCE

The following are examples of acceptable kinds of evidence needed from you to determine if good cause exists: 1) court, medical, criminal, child protective services, social services, psychological or law enforcement records which indicate that physical or emotional harm may be inflicted on you or the child; 2) medical records which indicate emotional health history and present health status of you or the child for whom support would be sought or written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of you or the child; and 3) sworn statements from individuals, including friends, neighbors, clergymen, social workers, and medical professionals who might have knowledge of the circumstances providing the basis of your good cause claim.

APPLICATION

I have read and was provided a copy of this notice. I hereby apply to the Department for exception to the requirement that I cooperate in obtaining third party payment activities. I have checked the above reason and agree to provide evidence needed to establish good cause to the Department within 20 days of the date of this application. Evidence includes any record or documents needed to support my claim as outlined above.

(Signature of Applicant/Recipient)

(Date)

(Signature of Income Maintenance Worker
or Authorized Representative)

(Date)