Request for Medicaid CARD(S):

PLEASE USE THIS FORM FOR ALL BLUE CARD REQUESTS FOR WARDS IN YOUR CASELOAD. RETURN THIS FORM IN A TIMELY MANNER TO ASSURE THAT THE CLIENT RECEIVES THE MEDICAID CARDS IN A TIMELY MANNER.

Client's Name	Date of Birth	Medicaid Number	Facility Code Number
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TOTAL P.002

Worker's Signature

Supervisor's Signature

Telephone Number

Date