

Application for Undue Hardship Exemption Lottery and Gambling Winnings

Personal Information		
Applicant / Recipient Last Name	First Name	M.I.
Applicant / Recipient Social Security Number	Applicant / Recipient Date of Birth	
Street Address	Telephone Number	
City	Zip Code	
Undue Hardship Exemption Request Reason (Please provide verification)		
How does the denial of Medical Assistance cause a severe medical or financial hardship? Explain:		
Signature		
_____ <i>Signature of Applicant</i>	_____ <i>Date</i>	
CAO Decision		
<i>To be completed by CAO</i>		
The CAO has reviewed the Undue Hardship Exemption request and all supporting documents for the ineligibility period incurred from _____ to _____. The CAO recommends the following:		
Approve <input type="checkbox"/> Deny <input type="checkbox"/>		
IMCW Signature _____ IMCW Printed Name _____		
Forwarded to Bureau of Policy, Division of Health Services on _____.		
Bureau of Policy Decision		
<i>To be completed by BOP</i>		
Bureau of Policy Decision: Approved _____ Denied _____		
Reason for Decision:		
BOP Representative Signature _____		
BOP Printed Name _____ Date _____		