Manual Revision Memorandum

ISD-MR 18-20

TO: ISD & New Mexico Works Providers (NMW)

FROM: Mary Brogdon, Division Director, Income Support Division

RE: Forms Manual Revision - Provider’s Statement and Medical Release Form (GAP 003)

DATE: November 26, 2018

The Provider’s Statement and Medical Release Form (GAP 003) has been updated for ease of use. This form is used to gather information for the General Assistance (GA) packet from medical providers for the one form to be used per provider.

Please see changes that include adding the fax number for ASPEN Central Scanning Area, a space for the provider to include a fax number and a section to indicate how the condition impacts the client/patient.

This form will be available on the Forms Drive, as it is not in ASPEN.

Instruction:

All previous versions of the form listed in this MR must be removed from any current stock and replace with this current version.

Delete — Provider’s Statement/Medical Release GAP 003 Revised 02/20/2017

Replace — Provider’s Statement/Medical Release GAP 003 Revised 11/26/2018

If you have questions regarding this MR, please contact Suzanne Duran-Vigil at (505) 827-7289 or via e-mail at SuzanneP.Duran-Vigi@state.nm.us.

Attachment
GAP 003- New Mexico Department of Human Services Income Support Providers Statement/Medical Release
New Mexico Department of Human Services
Income Support Division
Provider's Statement/Medical Release

Section I -- To be completed by ISD staff

<table>
<thead>
<tr>
<th>Name of Patient</th>
<th>ASPEN Case No.</th>
<th>Patient's Date of Birth</th>
<th>Date of GA Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Address</td>
<td>ISD Office address attn. caseworker</td>
<td>Central ASPEN Scanning Area (CASA) Income Support Division PO Box 830 Bernalillo, NM 87004 Fax Number: 1-855-804-8960</td>
<td></td>
</tr>
</tbody>
</table>

Section II -- To be completed by Provider

Your patient has applied for General Assistance (GA), a state program that provides cash assistance to individuals who are unable to work due to a disabling impairment. The medical or behavioral health information you provide below will be part of the documentation we use to determine eligibility. If you have any questions please contact ISD Customer Service Center at 1-800-283-4465.

Does your patient have any impairment(s) that prevent him/her from working?

☐ YES ☐ NO

If Yes, please complete the rest of this form. If No, please sign and date below.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Date Patient Became Unable to Work</th>
<th>Anticipated Duration of Inability to Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is condition: Severe / Moderate / Mild / Chronic / Recurrent

(Attach copies of medical records)

Provider's Comments:

Limitations Placed on Patient:

Provider's Name / Title Please Print

Provider's Authorized -Signature Date

Provider's Office Address (Street or P.O. Box, City, State, Zip)

Provider's Telephone No. (Include Area Code)

Provider's Fax No. (Include Area Code)

Section III -- To be completed by Patient

Authorization To Release Medical Information

I authorize and request any physician, hospital, or institution that has medical records pertaining to the patient named above, to disclose information to the New Mexico Human Services Department in connection with the application for General Assistance.

Autorización Para Divulgar La Información Médica.

Autorizo y solicito a cualquier doctor, hospital, o institución sobre quien tengan expedientes médicos al pertenecer al paciente nombrado anteriormente, a divulgar la información al Departamento de Servicios Humano de Nuevo México en la conexión a la la solicitud para la ayuda general.

Signature-Patient or Signature-Representative -- Firma-Paciente o Firma-Representante Date/Fecha

GAP 003 Revised 11/26/2018

Distribution: Original to Physician; Copy to Case File
Return: Original to IRU; Copy to Case File