MBI-WPD DOCUMENTATION CHECKLIST
(MEDICAID BUY-IN FOR WORKING PEOPLE WITH DISABILITIES)

NYC Human Resources
Administration
Department of
Social Services

MAP-628C.........................Rev.04/18/08

CASE NAME	CASE NUMBER	SUBMITTED BY		VERIFIED BY					
DOCUMENTATION		OED		MBI-WPD LIAISON		MBI-WPD/ NYC UNIT		ACO	
		YES	NO	YES	NO	YES	NO	YES	NO
LDSS-2921									
LDSS-1151									
LDSS-486T									
MAP-252F									
SSA Disability Determination									
DSS-639									
Other									
PROOF OF: Age:									
Income:									
Resources:									
Citizenship/Immigration Status:									
Employment:									
Payment of Income Taxes:									
Other:									

TO BE COMPLETED BY OED STAFF

☐ New Application   ☐ Surplus Case Conversion

☐ Other Undercare Action (*that **cannot** be completed at OED site*)
Describe: _____

If active coverage: (other than Surplus)   ☐ MA   ☐ FHP   ☐ FPBP   ☐ MBI-WPD

Expiration Date: _____

CONSUMER ADVISED THAT:

☐ His/her occupation is: _____ (*examples: bus driver, cashier, messenger stock clerk typist*)

☐ His/her disability is: _____ (*examples: diabetes, heart disease, hypertension*)

☐ Her/his doctor will mail LDSS-486T by the ten-day deferral period.

☐ Her/his doctor requires until _____ to complete LDSS-486T.

☐ Her/his doctor refuses **or requires payment before completing** LDSS-486T.

FOR USE BY MBI-WPD LIAISON ONLY

Special Instructions / Case Notes /Follow-up actions Required:
_____
_____
_____