

**APPENDIX E**  
**PUBLIC FORMS**

FORM NUMBER	FORM TITLE
DFA-RR-1	Rights & Responsibilities
<b>DFA-2</b>	Application / Redetermination
DFA-PAC-4	Medicaid Redetermination
DFA-QSQ-1	QMB / SLIMB / QI-1
<b>DFA-UH-5</b>	<b>Application for Undue Hardship Waiver</b>
<b>DFA-LTC-5</b>	<b>Application for Long Term Care Services for Current Medicaid Recipients</b>