APPENDIX E

PUBLIC FORMS

FORM NUMBER	FORM TITLE
DFA-RR-1	Rights & Responsibilities
DFA-2	Application / Redetermination
DFA-PAC-4	Medicaid Redetermination
DFA-QSQ-1	QMB / SLIMB / QI-1
DFA-UH-5	Application for Undue Hardship Waiver
DFA-MA-1	Application for Adult Medicaid
DFA-SNAP-1	Application for SNAP