

APPENDIX E
PUBLIC FORMS

FORM NUMBER	FORM TITLE
DFA-RR-1	Rights & Responsibilities
DFA-PAC-4	Medicaid Redetermination
DFA-QSQ-1	QMB / SLIMB / QI-1
DFA-UH-5	Application for Undue Hardship Waiver
DFA-SNAP-1	Application for SNAP
DFA-SLA-S1	Supplement to Application for Health Coverage
DFA-SLA-1	Application for Health Coverage & Help Paying Costs
DFA-SLA-2	Application for Health Coverage & Help Paying Costs (Short Form)
DFA-2	Application / Redetermination