FAA-1148A FORFF (7-23)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

MEDICAL INCAPACITY STATEMENT
Hospitalized Applicant

The Department of Economic Security considers an individual to be incapacitated if the individual is unable to participate in the AHCCCS Health Insurance application process.

Please complete this Medical Incapacity Statement on the patient listed below.

COMPLETED BY DES
DATE:
CASE NAME *(Last, First, M.I.)*:
CASE NO.:
WORKER'S D NUMBER:
HEA ID:

Name of Hospital: _____

Patient's Name: _____ Patient's Date of Birth: _____

Patient's Residential Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

TO BE COMPLETED BY MEDICAL PERSONNEL

☐ Not Incapacitated ☐ Incapacitated

Reason:

_____ _____
Physician or Authorized Medical Personnel's Printed Name *Phone No. (Include Area Code)*

_____ _____
Signature of Physician or Authorized Medical Personnel *Date*

Routing: **Original** – Sent to attending physician or authorized medical personnel; **Copy** - Retain in file until signed original is returned.

See reverse for USDA/EOE/ADA disclosures

Completion Instructions for FAA-1148A
MEDICAL INCAPACITY STATEMENT
Hospitalized Applicant

A. Purpose

The purpose of the Medical Incapacity Statement is to verify the participant's incapacity to complete the AHCCCS Health Insurance application process and to allow the designation of a representative.

B. Completion

COMPLETED BY DES:

DATE: Enter the date the form is completed.
CASE NAME (Last, First, M.I.): Enter the name of the case Primary Informant (PI).
CASE NO.: Enter the case number assigned by AZTECS.
WORKER'S D NUMBER: Enter the worker's D number.
HEA ID: Enter the HEA ID.
NAME OF HOSPITAL: Enter the name of the hospital that the participant is a patient.
PATIENT'S NAME: Self-explanatory.
PATIENT'S DATE OF BIRTH: Self-explanatory.
PATIENT'S RESIDENTIAL ADDRESS: Enter the patient's home address.

TO BE COMPLETED BY MEDICAL PERSONNEL: All items are self-explanatory.

C. Routing

DES completes its part and sends the original to the medical personnel. The copy is retained in the file by DES until the rest of the form is completed by the medical personnel and returned to DES.

D. Retention

The copy is destroyed upon return of the original.