

**MRT CHECKLIST - MUST BE COMPLETED & INCLUDED AS COVERSHEET**

Date:

**APPLICANT INFORMATION**

DCN	NAME	Check box below if this submission is ONLY to provide verification of Earned Income and/or Medical Expenses

**FINANCIAL INFORMATION**

**Information Verified** ☐ Verified – verified information listed below ☐ Pending – earned income amounts summarized by month will be sent to MRT when verified  
☐ N/A –no earned income in the months client is applying for coverage

VERIFIED EARNED INCOME			VERIFIED MEDICAL EXPENSES		
If Applicable	PQ month 1:	\$	If Applicable	PQ month 1:	\$
	PQ month 2:	\$		PQ month 2:	\$
	PQ month 3:	\$		PQ month 3:	\$
Month of app/ongoing:		\$	Month of app/ongoing:		\$

**ES Supervisor:****DOCUMENTS INCLUDED**

Included	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<b>IM 365</b> (Emergency Medical Care for Ineligible Aliens)
<input type="checkbox"/>	<input type="checkbox"/>	<b>IM 68</b> (Visual Disability Examination Report)
<input type="checkbox"/>	<input type="checkbox"/>	<b>IM 61</b> (Social Information Summary)
<input type="checkbox"/>	<input type="checkbox"/>	<b>IM 61 Prior</b> (for Redeterminations)
<input type="checkbox"/>	<input type="checkbox"/>	<b>IM 6AR</b> (Authorized Representative)
<input type="checkbox"/>	<input type="checkbox"/>	<b>IM 61b</b> (Disability Questionnaire)
<input type="checkbox"/>	<input type="checkbox"/>	<b>Facility/Doctors Worksheet</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Work History Worksheet</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>MO 650-2616</b> (Authorization for Disclosure)
<input type="checkbox"/>	<input type="checkbox"/>	<b>Current medical records included</b>

**BP/SAB Only App/Redetermination**☐ Yes ☐ No App/Review Date

*\*with the exception of current medical records, all of the forms below must be submitted with the MRT Packet for a BP/SAB determination*

☐ **IM 68** (Visual Disability Examination Report)☐ **MO 650-2616** (Authorization for Disclosure)☐ **IM 6AR** (Authorized Representative)☐ **Facility/Doctors Worksheet**☐ **Current medical records included—**

**Note: Visual Field (VF) records cannot be scanned, emailed, or faxed due to the detailed imaging included in the records. If you are submitting VF records, DO NOT scan, email or fax this packet. Submit the packet via mail to: MRT-PC at 101 Park Central Square, Springfield MO 65806**

**NOTE:** If Guardian, Power of Attorney, or Public Administrator, etc. signed the Authorization for Disclosure on behalf of client, provide legal documentation granting such legal powers (e.g. Power of Attorney Papers) need to be included.