

MEDICAID AGENCY ORIENTATION

DISCOUNTED FEES APPLICATION

First Name:

Last Name:

Preferred Name:

Phone:

Email:

*MUST BE THE SAME EMAIL USED FOR TRAINING SIGN UP

CANDIDATE QUESTIONS

- 1) I am requesting a discounted fee from SNNW MAO as a representative of a nonprofit organization. If Yes, please include the name of the nonprofit.

Yes, Name of Nonprofit: _____ No

- 2) I am requesting discounted fees from SNNW MAO as a business or nonprofit applicant that represent a rural area or a need specific to:

A. Rural Area does not include I-5 corridor, Deschutes County. If Yes, please include the name and address of the home or service.

Yes, Name & Address: _____ No

B. My business plan includes supporting people traditionally not offered equal services such as opening a home for specific languages or cultural needs.

Yes No

- 3) Other information to take into consideration by participant:

REQUEST REVIEW & DECISION

OFFICE USE ONLY

Was documentation of need provided? Yes No

Decision:

Executive Director:

Signature :

Date :