



A Full Service, Licensed Child Placing Agency

## MEDICAID AUTHORIZATION

I, \_\_\_\_\_ am currently on Medicaid. Yes No

If yes, Which State? \_\_\_\_\_

I am willing to get on Medicaid in Utah if I have my baby there? Yes No

I recognize that if I do get on Utah Medicaid, the benefits I have in another State may be cancelled. Yes No

I also recognize that All for Love Adoptions, Inc. wishes that I give honest and accurate answers in any interview I have with a Medicaid worker. Yes No

\_\_\_\_\_  
Date Birth Parents Signature Printed Name

**If on Medicaid please complete the following:**

### **Medicaid Applicant's Proxy Authorization**

I, \_\_\_\_\_ authorized Medicaid to give information about my case to my Birth Parent Coordinator and/or the Director of All for Love Adoptions, Inc.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

***Please make a copy of your Medicaid card and include it.***