

**Proof of Medicare Application  
Transmittal & Confirmation Receipt****Facilitated Enrollment for The Aged, Blind & Disabled****Proof of Medicare Application  
Transmittal & Confirmation Receipt**

<i>To be completed by Facilitated Enroller Agency</i>		<i>To be completed by LDSS</i>	
<b>Agency Name:</b>		<b>LDSS:</b>	
<b>Name</b>	<b>CIN#</b>	<b>Received</b>	<b>Not Received</b>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Agency Signature: _____		LDSS Signature: _____	
Print Name: _____		Print Name: _____	
Date: _____		Date: _____	
Please Provide Confirmation of Receipt to:		Date Confirmation Provided: _____	
Name: _____		Total Confirmed: _____	
Contact Information: _____			
_____			