

**CERTIFICATION OF NEED FOR TUBERCULOSIS TREATMENT**

Name (Last, First, MI):			Contact Person (Guardian, Spouse, Parent, etc):		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone No:		County:	Phone No:		
Facility (if applicable):			Relationship to Individual:		

Date of Birth:		Social Security Number (if applicable):				
Individual's Race	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> White	<input type="checkbox"/> Other:
Primary Language: Spoken			Written			
Health Insurance Information: Do you have Medicare or other health insurance coverage?						
<input type="checkbox"/> No		<input type="checkbox"/> Yes, complete and attach copies of insurance cards:				
Company Name		Type of Coverage (Hospital, Medical, RX, etc.)		Policy/Claim Number		

**AUTHORIZATION TO RELEASE INFORMATION**

My signature on this application authorizes my employers, medical providers, financial institutions, insurance providers, benefit providers and other persons or agencies with knowledge of my circumstances to release to the Kansas Department of Health and Environment, Division of Health Care Finance any information, including confidential information, necessary to establish my eligibility for assistance or to administer any program for which I have applied. This release is valid from the date set out below and shall remain valid until revoked in writing by the undersigned.  
 A copy of this authorization is as valid as the original.

X	_____	Date	X	_____	Date
Signature of Applicant, Guardian/Conservator, or Durable Power of Attorney			Signature of Contact Person or Medical Representative		

**FOR KDHE USE ONLY**

Patient Authorized for Treatment:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Describe Treatment:
Effective Date of Treatment:		End Date of Treatment (if available):
Signature of KDHE Official:		Date:

Return Completed Form  
 To: TB Eligibility Specialist  
 KanCare Clearinghouse  
 P.O. Box 3599  
 Topeka, KS 66601