

## PURPOSE

Use [as the application for](#):

- The County Indigent Health Care Program (CIHCP) [and](#)
- CIHCP case [record](#) reviews.

## PROCEDURE

Issue Form 100 on the date requested.

[Provide assistance in completing the Form 100, if necessary.](#)

[Complete the “For Office Use Only” section of Form 100.](#) The applicant completes the remainder of Form [100](#).

[File](#) the completed Form [100](#) in the case record.

## DETAILED INSTRUCTIONS for the “FOR OFFICE USE ONLY” SECTION

### Status.

- Check the “Application” box if the Form [100](#) is being submitted as:
  - o An initial application or
  - o [A subsequent application when there has been a break in eligibility periods.](#)
- Check the “Review” box if the Form [100](#) is being [submitted](#) for a [case record](#) review.

**Date Form 100 is Requested/Issued.** Enter the date [that](#) the [Form 100](#) is requested [and issued](#).

**Date Identifiable Form 100 is Received in Office.** Enter the date that the county receives an identifiable [Form 100](#). This date is the application file date.

The identifiable application includes [these four, shaded](#) items, namely:

- 1.) The applicant’s name,
- 2.) The applicant’s address,
- 3.) The applicant’s signature, and
- 4.) The date the applicant signed the application.

**Case Record Number.** Enter the county’s case [record](#) number for the application.

**Appointment Date and Time.** Enter the date and the time of the interview, [if applicable](#).

## FORM RETENTION

Maintain the records at least until the end of the third complete state fiscal year following the date on which the application is submitted.