

Private Duty Nursing Verification of Employment/School Attendance

Employee/Student: _____ SS#: _____
 (Print Name)

Address: _____

Dependent's Name(s): _____ SS#: _____

SS#: _____

I, _____, give the Alabama Medicaid Agency permission to verify my employment and/or student status.

PART I. To be completed by employee/student and employer/school official

Dear Employer/School Official:

The above-named individual has a dependent(s) that receives or has applied for Medicaid. The following employment and/or student information is needed to determine initial or continuing eligibility and must be completed by the employer or the school.

The Deficit Reduction Act of 1984, Public Law 98-369, requires that Social Security Numbers provided by applicants/recipients of public assistance, Medicaid, and/or food stamps be matched against certain state and federal computer files. As a result of these required matches, the information below is needed in order to determine continuing or past eligibility for assistance. All applicants/recipients have been informed of this use of Social Security Numbers and have agreed to provide required documentation of eligibility by signature on the application or other required forms.

Each officer or employee of any person to whom Social Security information is or may be disclosed shall be notified in writing by such person that Social Security information disclosed to such officer or employee can be only used for authorized purposes and to that extent and any other unauthorized use herein constitutes a felony punishable upon conviction by a fine of as much as \$5,000 or imprisonment for as long as five years, or both, together with the cost of prosecution. Such person shall also notify each such officer or employee that any such unauthorized further disclosure of Social Security information may also result in an award of civil damages against the officer or employee in an amount not less than \$1,000 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRC Sections 7213 and 7431 and set forth at 26 CFR 301.6103(n).

Additionally, it is incumbent upon the contractor to inform its officers and employees of penalties for improper disclosure implied by the Privacy Act of 1974, 5 USC 552a. Specifically, 5 USC 552a (1) (1), which is made applicable to contractors by 5 USC 552a (m) (1), provides that any officer or employee of a contractor, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established there under, and who knowing that disclosure of the specific material is prohibited, willfully discloses that material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

All parties shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any implementing regulations as adopted.

Name and title of person completing form: _____

Contact Number: _____

Check most appropriate:	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> SCHOOL
Begin date (MM/DD/YYYY):	_____	
Hours worked/classes attended per week:	_____	
How many hours each day (ex: 8Mon,8Tues,4Wed,etc):	_____	
If hours are not regular, please indicate:		
How many scheduled hours:	_____	
When: weekly _____ biweekly _____	_____	
Other _____	_____	
Last day of employment/school attendance (MM/DD/YYYY):	_____	
Reason for discontinuation:	_____	
Approximate travel time to and from work/school:	_____	

