



## Medicaid Exemption for Ambulance Utility

Date: \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Service Address: \_\_\_\_\_

Utility Account #: \_\_\_\_\_

*To be eligible for a Medicaid Exemption for the ambulance utility fee, you must be Medicaid eligible and receive either in-home services at your personal residence, or reside in a skilled nursing facility, boarding home (assisted living), or an adult family home. (MLMC Chapter 2.30.140)*

***Each person claiming a Medicaid exemption must file for the Medicaid exemption annually, and must return this form to:***

Moses Lake Fire Department

701 E 3<sup>rd</sup> AVE

Moses Lake WA 98837

### **PLEASE ATTACH PROOF OF ELIGIBILITY.**

1. A copy of your current Medicaid ID card, or
2. A copy of your current Medicaid coupon, or
3. An award letter on DSHS letterhead

### **IMPORTANT: Read before signing:**

Affidavit: I declare under penalty of perjury under the laws of the State of Washington that I have read the instruction sheet and that all of the statements, as marked, are true and correct. Falsification of any information on this application will result in loss of eligibility for further program assistance and repayment of the exemption received as a result of providing false information. I consent and agree that the City of Moses Lake may verify and confirm the attached documents if deemed necessary and the Department of Social and Health Services is authorized to release my information from their files. I understand I must notify the City of Moses Lake immediately of any change of circumstances.

\_\_\_\_\_  
Applicant's Signature (Do Not Print)

\_\_\_\_\_  
Date