

Client & Provider Instructions for Completion of:

- Authorization for Release of Protected Health Information for the Use and Disclosure of Individually Identifiable Health Information, Form 752A
- Physician/Clinician Statement of Capabilities, Form 752
- Physician/Clinician Statement of Necessary Patient Care for a Household Member, Form 752HH

CLIENT Instructions

While getting cash assistance from NH, you must take part in activities that help you get and keep a job. You have told us that you can't do this because of your or a family member's medical condition. We need information from your health provider to better understand whether you can take part in these activities. You and the health provider must complete the forms above. If these completed forms are not given to us, you must take part in all assigned work activities. **Here's how you complete the forms:**

- First, you must complete Form 752A. Print Form 752A off of this website. Read page 1. On page 2, you must fill out the gray "Dept Use Only" box by printing your name, case number and District Office. If you can't take part in work activities because of a family member's medical condition, you must also print the family member's name. Follow the "What You Need To Do" steps on page 1 of the form about signing the Form 752A.
- Second, you must have your health provider complete Form 752 if your health issue prevents you from taking part in work activities. If a family member's health concern is the issue, the health provider must complete Form 752HH instead. Print the correct form. Fill out the gray "Dept Use Only" box on the 1st page by clearly printing out the information requested.
- Third, give your or your family member's health provider the signed Form 752A and the Form 752 or Form 752HH to complete.

You are responsible for getting these forms to the health provider and for making sure those forms get back to us. You must meet all work expectations in the meantime.

PROVIDER Instructions:

The Financial Assistance for Needy Families (FANF) program requires recipients to participate in activities that help prepare them for self-sustaining, unsubsidized employment. You are being provided 2 of the above forms because the FANF individual reports that they are either limited or unable to participate in activities due to:

- Their own medical condition, and you are their health provider for this medical concern; **or**
- The medical condition of a family member, which requires the FANF individual to be in the home to care for the family member, and you are the health provider for the family member.

Please complete the form the FANF individual provided to you and return it to the address indicated. Web Form 752A, the authorization allowing the release of this medical information to us, does not have multiple colored copies as the non-Web form does, so please be sure to make a copy for yourself, if desired, and your patient/client, and then send the original along with any copies of the patient's/client's treatment plan, and/or supporting medical documentation to said address.

Detailed instructions for completion of these documents are provided on each form; however, if you have questions please call 1-800-852-3345 Ext. 7272.