

Date: _____

MEDICAID DISABILITY APPLICATION

The South Carolina Vocational Rehabilitation Department (SCVRD) – Disability Determination Services State Claims Office assists with processing SC Department of Health and Human Services (DHHS) Medicaid disability claims. SCVRD also contacts medical treatment sources where you have been seen and requests copies of your medical records.

Please complete the enclosed two forms:

- **Disability Application**
- **Authorization to Disclose Health Information (Form 921)**

Return *within 21 days* from the date of this letter by mail or fax:

- **Mail To:**

**S. C. Vocational Rehabilitation Department
Disability Determination Services State Claims Office
P.O. Box 5225
West Columbia, SC 29171**

A postage paid envelope is included for your convenience.

- **Fax To:**

803-896-6197

<p>If you have questions about completing this form, please call us toll free: Monday - Friday 8:30 AM and 5:00 PM 866-206-5207</p>
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Note: If you do not return the completed Disability Application and the completed Authorization to Disclose Health Information form, we cannot determine your disability or Medicaid eligibility.