

MEDICAL & AMBULANCE SERVICES UTILITY

MEDICAID EXEMPTION APPLICATION

Eligible customers may receive a monthly Medical and Ambulance Service Utility fee exemption. Only one exemption per customer is permitted and will be applied to the customer's primary residence. Applications can be submitted to Customer Service at the above address or emailed to CustomerService@ci.richland.wa.us.

STEP 1: ELIGIBILITY

QUALIFICATIONS: Qualifications are specified in RMC 13.06 and RCW 35.21.766. Qualified City of Richland customers who are Medicaid eligible and receive in-home services, are not required to pay the Medical and Ambulance Services utility fee as defined in RCW 35.21.766.

ELIGIBILITY REQUIREMENTS: To participate in the Medical and Ambulance Services utility fee exemption, you must meet all of the following requirements:

1. Applicant must be current citizen of the City of Richland and the primary utility account holder, or their spouse;
2. Applicant must be Medicaid eligible; and
3. Applicant must receive in-home services during the entire period of this exemption.

To stay enrolled in the program, you must continue to meet the qualifications of the exemption and re-certify every year.

AUDIT: Verification audits of your eligibility may be made by the City. Proof of Medicaid eligibility should be kept until the term of your current exemption has ended.

FILING PERIOD: Applications for Medical and Ambulance Service utility fee exemptions are accepted year-round and are valid for one year from the date the completed application was received by the City of Richland. Applicants who are eligible to receive the exemption must re-apply every year to continue their exemption.

STEP 2: APPLICANT & CUSTOMER INFORMATION

Customer-Account Number:

City of Richland Service Address:

Applicant Name:

Contact Phone Number: _____

Contact Email Address: _____

DSHS Client ID Number: _____

CITY OF RICHLAND
CUSTOMER SERVICE

625 Swift Boulevard, MS-10
Richland, WA 99352



STEP 3: PROOF OF ELIGIBILITY

Eligibility Verification

The following documents are required when submitting your completed application:

1. **Proof of Medicaid:** Current Washington State Medicaid card; and
2. **Proof of In-home Services:** DSHS award letter authorizing in-home services.

You are required to notify the City in writing if there are any changes in your Medicaid eligibility or receiving in-home services during the year while you are receiving a Medical & Ambulance Utility fee exemption.

STEP 4: APPLICANT SIGNATURE

AFFIDAVIT

I swear under the penalties of either civil or criminal perjury that I meet all the above eligibility requirements and statements contained on this application are true. By signing this application, I give authorization for the City of Richland to verify my eligibility for Medicaid and in-home services with the Washington State Department of Social and Health Services. I will notify the City in writing if there are any changes as indicated above with either my Medicaid or in-home services coverage.

Signature of Applicant: _____

Date: _____

CITY OF RICHLAND USE ONLY:

Date Received: _____

Received by: _____

Date Entered: _____

Entered by: _____