



Medicaid Buy-In for Workers with Disabilities (MBIWD) Application Request Form

- Yes! Please send me an MBIWD application once the program begins on April 1, 2008.

Please fill in the information below:

Date of Request:	
County of Residence:	
Consumer Name:	
Consumer Address:	
Street number and Street name	
City, State and Zip Code	
Phone Number:	
Cell Phone or Other Phone Number:	
Comments:	

Once completed, request forms can be sent to ODJFS using one of the following:

Email: Med_Reports@odjfs.state.oh.us
 Fax: 614-728-9201
 Mail: ODJFS Office of Ohio Health Plans,
 PO Box 182709
 Columbus, OH 43218-2709,
 Attention: BCPS

Internal Use Only: Date Application Mailed to Consumer:	
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The Medicaid Buy-In for Workers with Disabilities (MBIWD) program will begin April 1, 2008.

Applications will be accepted beginning April 1, 2008. If you would like an application mailed to you, call the Medicaid Consumer Hotline:

1-800-324-8680 (Voice)

1-800-292-3572 (TTY/TDD)

For more information about MBIWD, visit jfs.ohio.gov/ohp.



ohio medicaid