[Must be on Organization’s Letterhead]

Model ABE Assister Consent Form for Assistance by Phone
(only allowed during Public Health Emergency (PHE))

For use by authorized Assister Agencies submitting the following through ABE or by mail (ID proofing Request form), on a client’s behalf: an application for medical benefits, a Medicaid Presumptive Eligibility (MPE) application, a renewal or other submission through Manage My Case (MMC), or a Request for State ID Proofing through the mail.

Client’s Name: ___________________________ Phone Number: ___________________________

Assister’s Name: ___________________________ Phone Number ___________________________

Name of Assister’s Organization: _______________________________________________________

Address of Assister’s Organization___________________________________________________________________

Type of Assistance Being Provided (check all that apply):

☐ Application through ABE (medical only) Application # ______ __________________________

☐ MPE Application through ABE Application # __________________________

☐ Renewal of medical benefits Case # __________________________

☐ Submissions through Manage My Case in ABE Tracking # __________________________

☐ Request for State Identity Proofing Date Mailed __________________________
Attestation:

I, (assister) ________________________________ attest that (client) __________________
is requesting help completing the actions indicated above and consented on (date): Click or tap to enter a date, _______ at (time) _______________ to accept my assistance. I attest that, before starting my assistance, I read the below Consent and Attestation statements to the client.

Prior to submitting any information in ABE, I confirm that I reviewed the information with the client and read the Rights and Responsibilities associated with the action being performed in ABE to the client and client gave verbal agreement that they (circle one) Agree Disagree.

Consent: By requesting and accepting assistance from me, ___ [assister name] _________________.
You (Client name) ___________________________ understand that as the applicant or client, you alone are responsible for the accuracy of the information you are providing to me. I am responsible for submitting on your behalf the information you provide.

Attestation:

As someone assisting you, I ________________________________ agree to adhere regulations relating to confidentiality of information and will use the information provided solely for the purpose of submitting, on your behalf, an application for benefits, an MPE application, a benefit renewal or other submission through MMC in ABE, or a Request for State ID Proofing. I am not responsible for receiving or submitting any additional information to the State related to the help I provide today unless you request additional assistance and sign a new ABE Assister Consent Form for Assistance by Phone.

____________________________________
Assister’s Printed Name

__________________________________
Assister’s Signature                              Date