

Georgia Department of Human Services  
Katie Beckett Cover Letter

Division of Family and Children Services

RE: _____	_____
_____	Date
_____	Case Number
_____	MES Name
_____	Telephone Number

Enclosed is a packet of forms to be completed for your application for the Katie Beckett Medicaid Class of Assistance.

Please read all the information contained herein and complete the forms EXACTLY as outlined.

Should you have problems or questions, contact the Medicaid Eligibility Specialist (MES) at the telephone number provided above. The packet of forms should include the following as checked below:

- Verification Checklist, Form 981
- Pediatric DMA-6(A), Physician's Recommendation for Pediatric Care
- Pediatric DMA-6(A) Instructions
- TEFRA/Katie Beckett Medical Necessity/Level of Care Statement, DMA Form 706
- TEFRA/Katie Beckett Medical Necessity/Level of Care Statement Instructions
- TEFRA/Katie Beckett Cost-Effectiveness Form, DMA Form 704
- Other \_\_\_\_\_

Please return the completed information to the DFCS Centralized Katie Beckett team via fax, scan, or U.S. mail using the contact information as provided below:

Fax #: 678-248-7459

GTA E-mail address: \_\_\_\_\_

Mailing address: RSM Project  
Centralized Katie Beckett Medicaid Team  
5815 Live Oak Parkway  
Suite D-2  
Norcross Ga. 30093