

INSTRUCTIONS
DHS 1102 (10/2024)

**CLAIMING “GOOD CAUSE”AND CHILD SUPPORT COOPERATION REQUIREMENTS
INITIAL NOTICE**

PURPOSE:

The DHS 1102, “Claiming ‘Good Cause’ and Child Support Cooperation Requirements-Initial Notice” form will be given by the Hawaii Med-QUEST Division under the Hawaii Department of Human Services to tell every Medicaid Applicant/Beneficiary of their right to claim good cause for not cooperating in obtaining third party payments or proving paternity and securing medical support under §17-1705-27(a). Review and authorization of this notice shall provide written proof in the case record that the Applicant/Beneficiary received notification.

GENERAL INSTRUCTIONS:

Two copies of the DHS 1102 will be signed and dated by the Eligibility Worker (EW) at the time it is either given or mailed:

1. To every individual submitting a new application or a renewal application for Medicaid assistance.
2. After reports of a pregnancy or when a child is to be added to a Medicaid case (i.e. phone, DHS 1179A).
3. At the request of the Beneficiary or when the Beneficiary requests that a person who is currently not on assistance be added to the active Medicaid case.

SPECIFIC INSTRUCTIONS:

1. The Applicant/Beneficiary will sign and date both copies of the DHS 1102 that they have received the Good Cause Claim form.
2. The EW shall sign that they witnessed the Applicant/Beneficiary signature.

FILING/DISTRIBUTION INSTRUCTIONS:

1. Original to the EW for the case record; and
2. Applicant/Beneficiary to keep the second copy for their files.