



## ORDER FORM FOR BROCHURES & FORMS

Send requests to DPHHS-SLTC PO Box 4210 Helena MT 59604-4210  
Or fax (406) 444-7743 Attn: Patrick Kelley

Organization Name: \_\_\_\_\_

Attn: \_\_\_\_\_ Phone: \_\_\_\_\_

(Physical) Mailing Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Quantity	ADRC/I&A
	Can Medicaid Help Me with My Nursing Home Bills? Brochure
	Montana Lien & Estate Recovery Brochure
	Montana Aging Service Network Map Brochure
	Lifespan Respite Voucher Brochure
	Options Counseling Brochure
	<b>ADULT PROTECTIVE SERVICES</b>
	Adult Protective Services Brochure
	<b>LEGAL</b>
	Legal Services Developer Program Brochure
	<b>MONEY FOLLOWS THE PERSON</b>
	MFP General Information Brochure
	<b>OMBUDSMAN</b>
	Montana Long-Term Care Ombudsman Brochure
	Your Rights as an Assisted Living Resident Brochure
	Your Rights as a Nursing Home Resident Brochure
	Good Care Is Your Right Book-Consumer's guide to NH resident rights (Revised 9/2023)
	<b>SHIP</b>
	Questions about Medicare – We Have Answers – Montana SHIP Brochure
	Medicare Savings for Qualified Beneficiaries (QMB/SLMB/QI)-Application Order by email at: <a href="mailto:hhsforms@mt.gov">hhsforms@mt.gov</a> Form title DPHHS-HCS-004A

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