



Medicaid and Long-Term Care
Step 2: Extra Persons in Household
Current Job and Income Information

Complete Step 2 for yourself, your spouse/partner, and children who live with you and/or anyone on your same federal income tax return if you file one. See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

1. First name, Middle name, Last name, & Suffix: _____		2. Relationship to you: _____
3. Date of birth (mm/dd/yyyy): _____	4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Social Security number (SSN) ____ - ____ - ____ We need this if PERSON wants health coverage and has an SSN.
6. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Effective date of marital status: _____
7. Does PERSON live at the same address as you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list address: _____		

8. Does PERSON plan to file a federal income tax return NEXT YEAR?
 (You can still apply for health insurance even if you don't file a federal income tax return.)
 YES. **If yes**, please answer questions a-c. NO. **If no**, skip to question c.

a. Will PERSON file jointly with a spouse? Yes No
If yes, name of spouse: _____

b. Will PERSON claim any dependents on the tax return? Yes No
If yes, list name(s) of dependents: _____

c. Will PERSON be claimed as a dependent on someone's tax return? Yes No
If yes, please list the name of the tax filer: _____
 How is PERSON related to the tax filer? _____

9. Is PERSON pregnant? Yes No a. **If yes**, how many babies are expected during this pregnancy? ____ Due date: _____

10. Does PERSON need health coverage?
 (Even if they have insurance, there might be a program with better coverage or lower costs.)
 YES. **If yes**, answer all the questions below: **↓** NO. **If no**, SKIP to the income questions on back. **➡**
 Leave the rest of this page blank.

11. Does PERSON have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc)? Yes No

11a. Does PERSON live in a medical facility or nursing home? Yes No
 If yes, list name and address of medical facility or nursing home: _____

12. Is PERSON a U.S. citizen or U.S. national? Yes No

13. If PERSON isn't a U.S. citizen or U.S. national, do they have an immigration status?
 Yes No Fill in their document type and ID number below:

a. Document type _____	b. Document ID number _____
c. Has PERSON lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Is PERSON, or their spouse or parent a veteran or an active duty member in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No

14. Does PERSON want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Does PERSON live with at least one child under the age of 19, and are they the main person taking care of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Was PERSON in foster care at age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please answer the following questions if PERSON is 22 or younger:

17. Did PERSON have insurance through a job and lose it within the past 3 months? Yes No
 a. If yes, end date: _____ b. Reason the insurance ended: _____

18. Is PERSON a full-time student? Yes No

19. If PERSON is Hispanic/Latino, ethnicity (OPTIONAL— check all that apply):
 Mexican Mexican American Chicano/a Puerto Rican Cuban Other _____

20. PERSON's Race (OPTIONAL— check all that apply):

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander
				<input type="checkbox"/> Other _____

Now, tell us about any income from PERSON on the back. ➡

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PERSON is Employed
 If PERSON is currently employed, tell us about their income. Start with question 21.

PERSON is Self-Employed
 Skip to question 30.

PERSON is Not Employed
 Skip to question 31.

CURRENT JOB 1:

21. Employer name and address: _____	22. Employer phone number: () _____
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23. Wages/tips (before taxes): Hourly Weekly Every 2 weeks Twice a month Monthly

\$ _____

24. Average hours worked each WEEK: _____

CURRENT JOB 2:

25. Employer name and address: _____	26. Employer phone number: () _____
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27. Wages/tips (before taxes): Hourly Weekly Every 2 weeks Twice a month Monthly

\$ _____

28. Average hours worked each WEEK: _____

29. **In the past year, did PERSON?** Change jobs Stop working Start working fewer hours None of these

30. If PERSON is self-employed, answer the following questions:

a. Type of work

b. How much net income (profits once business expenses are paid) will PERSON get from this self-employment this month?

\$ _____

31. OTHER INCOME THIS MONTH: Check all that apply, and give the amount and how often PERSON receives it.

NOTE: You don't need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI)

- | | |
|---|--|
| <input type="checkbox"/> None
<input type="checkbox"/> Unemployment \$ _____ How often? _____
<input type="checkbox"/> Pensions \$ _____ How often? _____
<input type="checkbox"/> Social Security \$ _____ How often? _____
<input type="checkbox"/> Other income Type: _____ \$ _____ How often? _____ | <input type="checkbox"/> Retirement accounts \$ _____ How often? _____
<input type="checkbox"/> Alimony received \$ _____ How often? _____
<input type="checkbox"/> Net farming/fishing \$ _____ How often? _____
<input type="checkbox"/> Net rental/royalty \$ _____ How often? _____ |
|---|--|

32. DEDUCTIONS: Check all that apply, and give the amount and how often PERSON pays it.

If PERSON pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

NOTE: Do not include a cost already considered in question 30b, regarding PERSON's net self-employment income.

- | | |
|--|---|
| <input type="checkbox"/> Alimony paid \$ _____ How often? _____
<input type="checkbox"/> Other deductions Type: _____ \$ _____ How often? _____ | <input type="checkbox"/> Student loan interest \$ _____ How often? _____ |
|--|---|

33. YEARLY INCOME: Complete only if PERSON's income changes from month to month.

PERSON's total income this year : \$ _____	PERSON's total income next year (if you think it will be different): \$ _____
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THANKS! This is all we need to know about this PERSON