



<p>1. First name, middle name, last name & suffix (Jr., Sr., III, etc.)</p>	<p>2. Relationship to you?</p>	
<p>3. List any other names PERSON 4 has been known by, including a maiden name or alias</p>	<p>4. Date of birth (mm/dd/yyyy) / /</p>	<p>5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>6. Marital status <i>If PERSON 4 is a victim of domestic violence and applying separately from their spouse, they may indicate that they were "Never married".</i></p>	<p><input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed</p>	
<p>7. Social Security number (SSN) ____ - ____ - _____</p> <p style="text-align: center;">This is needed if PERSON 4 wants coverage and has a SSN.</p>		
<p>8. Does PERSON 4 live at the same address as you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, address for PERSON 4: _____</p>		
<p>9. Does PERSON 4 plan to file a federal income tax return next year? <i>(PERSON 4 can still apply for health coverage even if they do not file a federal income tax return.)</i></p> <p><input type="checkbox"/> Yes. Answer questions a – c. <input type="checkbox"/> No. Continue to question c.</p> <p>a. Will PERSON 4 file jointly with a spouse? <input type="checkbox"/> Yes. Name of spouse: _____ <input type="checkbox"/> No</p> <p>b. Will PERSON 4 list any dependents on their tax return? <i>(Joint filers must list the same dependents.)</i> <input type="checkbox"/> Yes. If yes, name(s) of dependents: _____ <input type="checkbox"/> No</p> <p>c. Will PERSON 4 be listed as a dependent on someone else's tax return? <i>(PERSON 4 cannot be both a dependent and a joint filer.)</i> <input type="checkbox"/> Yes. Name of the tax filer: _____ <input type="checkbox"/> No</p> <p style="text-align: right;">How is PERSON 4 related to the tax filer? _____</p>		
<p>10. Is PERSON 4 pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many babies are expected? _____ Estimated due date (mm/dd/yyyy)? _____</p>		
<p>11. Is PERSON 4 applying for health coverage? <i>(Even if PERSON 4 has insurance, there might be a program with better coverage or lower costs.)</i></p> <p style="text-align: right;"><input type="checkbox"/> Yes. Continue to question 12. <input type="checkbox"/> No. Continue to Current Job & Income Information on page 6.</p>		
<p>12. a. Does PERSON 4 have a physical, mental, learning, or emotional health condition that causes them to regularly need help with some or all of their self-care activities (like bathing, dressing, eating, reading, daily chores, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered 'yes' to either of the above questions for PERSON 4, or if PERSON 4 qualifies for Medicare, review the information at the beginning of the Supplement (on page 12). If you want us to see if PERSON 4 qualifies for health coverage for individuals who are age 65 or older, and/or blind or disabled, complete the Supplement after you complete the main application. For now, continue to question 13.</p> <p>b. Is PERSON 4 in, or have they moved to, a medical facility or nursing home in the past 30 days, or do they need assistance and/or support to live in a home and community-based setting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered 'yes' to the above question for PERSON 4, PERSON 4 may need to apply for Long-Term Medicaid. To do that, you need a different application. Call Customer Service and ask for the 202LTC application.</p>		
<p>13. Is PERSON 4 a U.S. citizen or U.S. national? <input type="checkbox"/> Yes. Continue to question 14. <input type="checkbox"/> No. Continue to question 15.</p>		
<p>14. Is PERSON 4 a naturalized or derived citizen? <i>(This usually means they were born outside of the U.S.)</i></p> <p style="text-align: right;"><input type="checkbox"/> Yes. Complete a and b then continue to question 16. <input type="checkbox"/> No. Continue to question 16.</p> <p>a. Alien/USCIS number: _____</p> <p>b. Certificate number: _____</p>		
<p>15. If PERSON 4 is not a U.S. citizen or U.S. national, do they have eligible immigration status? <input type="checkbox"/> Yes. Fill in their document information below. Visit dvha.vermont.gov/apply for information about eligible immigration status.</p> <p>a. Immigration document type: _____</p> <p>b. Document expiration date (mm/dd/yyyy): _____ <input type="checkbox"/> None</p> <p>c. Alien/USCIS number: _____</p> <p>d. Has PERSON 4 lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Date of entry (mm/dd/yyyy): _____</p> <p>f. Passport or document number: _____ <input type="checkbox"/> None</p> <p>g. Country of origin: _____</p> <p>h. Category code: _____</p> <p>i. Is PERSON 4, or their spouse or parent, a veteran or an active-duty member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>j. SEVIS ID: _____</p>		



16. Retroactive Medicaid: If PERSON 4 has medical/dental expenses from the last 3 months, they might be eligible for assistance that could help pay, or reimburse, them for those expenses. Does PERSON 4 want to apply for help with medical/dental expenses from the last 3 months? Yes No

17. Does PERSON 4 live with at least one child under the age of 19, and are they the main person taking care of this child? Yes No

18. Is PERSON 4 a full-time student? Yes. **If yes, give the state of their legal residence:** _____ No

19. Was PERSON 4 in foster care in Vermont when they turned 18? Yes No

20. To which racial group(s) does PERSON 4 most identify? (Optional—check all that apply)

<input type="checkbox"/> White	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Hispanic, Latino, or Spanish Origin	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Other: _____

Fill out Appendix B: American Indian or Alaska Native Family Member on page 19.

21. If Hispanic/Latino: To what ethnic group does PERSON 4 most identify? (Optional—check all that apply)

<input type="checkbox"/> Mexican	<input type="checkbox"/> Mexican American	<input type="checkbox"/> Chicano/a	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Cuban	<input type="checkbox"/> Other: _____		

Current Job & Income Information

EMPLOYED
If PERSON 4 is currently employed, tell us about their income. Start with question 22.

SELF-EMPLOYED
Continue to question 33.

NOT EMPLOYED
Continue to question 34.

Current Job 1

22. Employer (or Company) name	23. Employer (or Company) phone number () -
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24. Employer (or Company) address

25. Wages/tips before taxes (gross income) \$ _____

PER: Hour Week Every 2 weeks
 Twice a month Month Year

26. Average hours worked each week in the past month: _____

If PERSON 4 only has one job, continue to question 32.

Current Job 2 *If you need more space, attach a separate page. Be sure to write PERSON 1's name and date of birth at the top.*

27. Employer (or Company) name	28. Employer (or Company) phone number () -
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29. Employer (or Company) address

30. Wages/tips before taxes (gross income) \$ _____

PER: Hour Week Every 2 weeks
 Twice a month Month Year

31. Average hours worked each week in the past month: _____



Additional Job Information

32. Do any of these jobs offer health insurance coverage? Yes. **Complete Appendix C on page 20.** No

33. If self-employed, answer the following questions:

- a. What type of work does PERSON 4 do? _____
- b. How much net income (the amount left over after business expenses are paid) will PERSON 4 get this month? \$ _____

34. In the past year, did PERSON 4: Change jobs Stop working Start working fewer hours None

Other Income This Month

35. Check all that apply and give the amount and how often PERSON 4 receives it. When asked "How often?", indicate whether the amount is received weekly, every two weeks, twice a month, monthly, or yearly.

NOTE: You do not need to tell us about child support, workers' compensation, veteran's payments, or Supplemental Security Income (SSI).

- None
- Alimony received \$ _____ How often? _____ Was the agreement signed after 2018? Yes No
- Net farming/fishing \$ _____ How often? _____
- Net rental/royalty \$ _____ How often? _____
- Pensions \$ _____ How often? _____
- Retirement accounts \$ _____ How often? _____
- Social Security (disability, retirement, and survivor/widow benefit before Medicare or any other deductions)
\$ _____ How often? _____
- Unemployment \$ _____ How often? _____ What state pays your unemployment benefits? _____
- Other income \$ _____ How often? _____ Type(s): _____

Deductions

36. List any of the deductions PERSON 4 is able to claim from the 'Adjustments to Income' section of schedule 1 of their **1040 federal income tax return**. Please do not include any itemized deductions from schedule A.

NOTE: You should not include a cost that PERSON 4 already deducted from their self-employment net income in question 33b.

- None
- Alimony paid \$ _____ How often? _____ Was the agreement signed after 2018? Yes No
- Student loan interest \$ _____ How often? _____
- Other deductions \$ _____ How often? _____ Type(s): _____

Yearly Income

37. Complete **ONLY** if PERSON 4's income changes during the year, for example, if they only work a job for part of the year or receive a benefit only some months.

PERSON 4's total income **THIS** year

\$ _____

PERSON 4's total income **NEXT** year (if they think it will be different)

\$ _____