

APPENDIX TABLES

The Single Streamlined Application Under the Affordable Care Act: Key Elements of the Proposed Application and Current Medicaid and CHIP Applications

- Table 1:** Medicaid and CHIP Applications
- Table 2:** Toll-Free Assistance Hotline and Availability in Multiple Languages for Medicaid and CHIP Applications
- Table 3:** Income Documentation Requests on Medicaid and CHIP Applications
- Table 4:** Language Regarding Immigrant Status and Use of Social Security Numbers on Medicaid and CHIP Applications
- Table 5:** Medical Support Language on Medicaid and CHIP Applications
- Table 6:** Disability Screening Questions on Medicaid and CHIP Applications

Table 1
Medicaid and CHIP Applications, February 2013

State	Application Type	Application URL
Proposed Streamlined Application		http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-10440.html
Alabama	Family Application	http://www.medicaid.state.al.us/documents/apply/2C-Forms/2.2_Form2915OBRAApp.pdf
Alaska	Multi-Benefit Application	http://dhss.alaska.gov/dpa/Documents/dpa/forms/gen50b-packet.pdf
	Child-Only Application	http://dhss.alaska.gov/dhcs/Documents/denalikidcare/applicationsdenalikidcare/gen132.pdf
Arizona	Family Application	http://www.azahcccs.gov/applicants/application/AcuteCare.aspx
Arkansas	Multi-Benefit Application	http://humanservices.arkansas.gov/dco/dco_docs/DCO-215%20Request%20for%20Assistance%201108.pdf
	Child-Only Application	http://www.arkidsfirst.com/ARKidsApplic_english.pdf
California	Multi-Benefit Application	http://www.cdss.ca.gov/cdssweb/entres/forms/English/SAWS1.pdf
	Family Application	http://www.dhcs.ca.gov/services/medi-cal/Documents/PDF_Medi-Cal%20Applications/English/English%20Application.pdf
Colorado	Child-Only Application	http://www.healthfamilies.ca.gov/Publications/Applications/HF_FullApp_en.pdf
	Multi-Benefit Application	http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251757477115&ssbinary=true
Connecticut	Family Application	http://www.colorado.gov/cs/Satellite?c=Document_C&childpagename=HCPF%2FDocument_C%2FHCPFAddLink&cid=1251610942106&pagenam e=HCPFWrapper
	Multi-Benefit Application	http://www.ct.gov/dss/lib/dss/PDFs/w-1f.pdf
Delaware	Family Application	http://www.ct.gov/dss/lib/dss/pdfs/husky/comboappenglish.pdf
	Multi-Benefit Application	http://www.dhss.delaware.gov/dss/files/dssapplicationenglish.pdf
District of Columbia	Family Application	http://www.dhss.delaware.gov/dhss/dmma/files/chipapplenglish.pdf
	CHIP Application	http://www.dhss.delaware.gov/dss/files/chip_appl_engl.pdf
Florida	Multi-Benefit Application	http://dhs.dc.gov/sites/default/files/dc/sites/dhs/publication/attachments/combinedform_eng1.pdf
Georgia	Multi-Benefit Application	http://www.dcf.state.fl.us/programs/access/agencyforms.shtml
	Child-Only Application	https://www.healthykids.org/documents/apply/kidcare_app_english.pdf
Hawaii	Multi-Benefit Application	https://www.healthykids.org/documents/apply/kidcare_app_english.pdf
	Family Application	http://dfcs.dhs.georgia.gov/DHR-DFCS/DHR-DFCS_Food_Stamps/English.pdf
	CHIP Application	http://dfcs.dhs.georgia.gov/DHR-DFCS/DHR-DFCS_Medicaid/297%20Eng%20App.doc
Idaho	Family Application	http://www.peachcare.org/Guidelines.aspx
	CHIP Application	http://www.med-quest.us/forms/eligibility/forms/3-2004/DHS%201100%20Rev.%201203.pdf
Illinois	Family Application	http://www.med-quest.us/forms/eligibility/forms/DHS%201108%201203.pdf
	Multi-Benefit Application	http://www.healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=lgleO_7F11A%3d&tabid=1568
Indiana	Multi-Benefit Application	http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Forms/IL444-2378B.pdf
	Family Application	http://www.allkids.com/assets/hfs2378kcc.pdf
Iowa	Child-Only Application	http://www.in.gov/fssa/ompp/3006.htm
	Family Application	http://www.dhs.state.ia.us/PolicyAnalysis/PolicyManualPages/Manual_Documents/FORMS/470-2927.PDF
Kansas	CHIP Application	http://www.hawk-i.org/en_US/docs/Comm156%20for%20web%20view.pdf
	Family Application	http://www.kdheks.gov/hcf/healthwave/download/HW_English_App.pdf
Kentucky	Multi-Benefit Application	http://chfs.ky.gov/NR/rdonlyres/9B36DB4A-5C16-4529-B5D7-E2CF0827667A/0/PA77.pdf
	CHIP Application	http://kidshealth.ky.gov/NR/rdonlyres/4DCB7825-6877-46B5-9CA3-5BF40196D680/0/KCHIP_v148_033109_printversion.pdf
Louisiana	Family Application	http://bhsfweb.dh.louisiana.gov/onlinemanualspublic/eligibility/mfmpublicnonfillable/1-g.pdf
Maine	Multi-Benefit Application	http://www.maine.gov/dhhs/ofi/services/snap/documents/IMS01.pdf
	Family Application	http://www.maine.gov/dhhs/ofi/public-assistance/pdf/On-Line-CubCare-Application.pdf
Maryland	Multi-Benefit Application	https://www.marylandsail.org/SailPDFLinks/SailPDFLinks.aspx?PDF=PVF_English_App
	Family Application	http://mmcp.dhmm.maryland.gov/chp/docs/English-MA-Application-8-09.pdf
	Child-Only Application	http://mmcp.dhmm.maryland.gov/chp/docs/MCHP_Application_Form_08.pdf
Massachusetts	Family Application	http://www.mass.gov/eohhs/docs/masshealth/appforms/mbr.pdf
Michigan	Multi-Benefit Application	http://www.michigan.gov/documents/dhs/DHS_Information_Booklet_and_Assistance_Application_242170_7.pdf
Minnesota	Multi-Benefit Application	https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-5223-ENG
	Family Application	https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-3417-ENG
Mississippi	Family Application	http://www.medicaid.ms.gov/ApplicationForms/MHB-ChipApp.pdf
Missouri	Family Application	http://www.dss.mo.gov/mhk/pdf/886-4367_0108.pdf
Montana	Multi-Benefit Application	http://www.dphs.mt.gov/publicassistance/hcs250.pdf
	CHIP Application	http://hmk.mt.gov/documents/HMKapplicationDec2011version.pdf
Nebraska	Multi-Benefit Application	http://public-dhhs.ne.gov/Forms/DisplayPdf.aspx?item=378
	Child-Only Application	http://dhhs.ne.gov/medicaid/Documents/kidsconx.pdf
Nevada	Multi-Benefit Application	https://dwss.nv.gov/dmdocuments/Forms_2905-EG.pdf
	CHIP Application	http://nevadacheckup.state.nv.us/Applications/NCU-0111%20Check%20Up%20App%203-26-08.pdf
New Hampshire	Multi-Benefit Application	http://www.dhhs.nh.gov/dfa/documents/DFA800.pdf
New Jersey	Family Application	http://www.njfamilycare.org/pages/FC_APP-en.pdf

Table 1
Medicaid and CHIP Applications, February 2013

State	Application Type	Application URL
New Mexico	Multi-Benefit Application	http://www.hsd.state.nm.us/pdf/ISD%20100%20Application%20for%20Assistance%20Revised%204-15-11.pdf
	Family Application	http://www.insurenemexico.state.nm.us/Docs/MAD%20023_English_05_2011_pdf_added%20voter%20applic_07_21_2011.pdf
New York	Multi-Benefit Application	http://otda.ny.gov/programs/applications/
	Family Application	http://www.health.ny.gov/forms/doh-4220all.pdf
North Carolina	Family Application	http://info.dhhs.state.nc.us/olm/forms/dma/dma-5063.pdf
North Dakota	Multi-Benefit Application	http://www.nd.gov/dhs/info/pubs/docs/sfn-405-application-for-assistance.pdf
	Family Application	http://www.nd.gov/eforms/Doc/sfn00502.pdf
Ohio	Multi-Benefit Application	http://www.odifs.state.oh.us/forms/file.asp?id=1454&type=application/pdf
Oklahoma	Multi-Benefit Application	http://www.okdhs.org/NR/rdonlyres/EA913428-A7D2-4FE8-8CD9-1628C5B5CFF8/0/08MP001E.pdf
	Family Application	http://www.okhca.org/publications/pdf/lib/SCApplication_english.pdf
Oregon	Multi-Benefit Application	https://apps.state.or.us/Forms/Served/de0415f.pdf
Pennsylvania	Multi-Benefit Application	http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_002634.pdf
Rhode Island	Multi-Benefit Application	http://www.dhs.ri.gov/Portals/0/Uploads/Documents/FormsApps/DHS_1.pdf
	Family Application	http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/RCRS/rcrs_app_eng.pdf
South Carolina	Family Application	http://www1.scdhhs.gov/internet/eligfm/FM%20505%20F.pdf
South Dakota	Family Application	https://www.state.sd.us/eforms/secure/eforms/E1002v4-EDSS-EA-301M-ChildrenFamilyMedAssistApplicationFeb23.pdf
Tennessee	Multi-Benefit Application	http://www.tn.gov/humanserv/forms/hs-0169.pdf
	CHIP Application	http://www.covertn.gov/web/coverkids_app_english.pdf
Texas	Multi-Benefit Application	http://www.hhsc.state.tx.us/help/1010-eng.pdf
	Child-Only Application	http://www.chipmedicaid.org/files/CHIP_Application_English.pdf
Utah	Multi-Benefit Application	http://jobs.utah.gov/Infosource/EOMOA/61APP.pdf
	Family Application	http://health.utah.gov/bep/pdfs/61med_english.pdf
Vermont	Family Application	http://www.greenmountaincare.org/sites/gmc/files/pdf/GMC_Application_with_Medicaid.pdf
Virginia	Multi-Benefit Application	http://www.dss.virginia.gov/files/division/bp/fs/intro_page/forms/032-03-0824-28-eng.pdf
	Child-Only Application	http://www.famis.org/materials/HealthInsuranceApplicationForChildrenAndPregnantWomen_english.pdf
Washington	Multi-Benefit Application	http://www.dshs.wa.gov/pdf/ms/forms/14_001.pdf
	CHIP Application	http://hrsa.dshs.wa.gov/forms/documents/14_380.pdf
West Virginia	Multi-Benefit Application	http://www.wvdhhr.org/bcf/policy/imm/IMManualChanges/525/DFA_2.pdf
	CHIP Application	http://www.chip.wv.gov/SiteCollectionDocuments/Application.pdf
Wisconsin	Family Application	http://www.dhs.wisconsin.gov/forms/F1/F10129.pdf
Wyoming	Family Application	http://www.health.wyo.gov/Media.aspx?mediaId=11316
	CHIP Application	http://www.health.wyo.gov/healthcarefin/chip/apply.html

Table 2:
Toll-Free Assistance Hotline and Availability in Multiple Languages for Medicaid and CHIP Applications, February 2013

State	Application Type	Toll-Free Hotline Provided	Availability of Application in Other Languages			
			English Only	English and Spanish	English, Spanish, and One Other	Ten or More Languages
Total: 85		38	20	48	7	10
Proposed Streamlined Application		Y		Y		
Alabama	Family Application			Y		
Alaska	Multi-Benefit Application		Y			
	Child-Only Application	Y	Y			
Arizona	Family Application			Y		
Arkansas	Multi-Benefit Application			Y		
	Child-Only Application			Y		
California	Multi-Benefit Application					Y
	Family Application					Y
	Child-Only Application	Y				Y
Colorado	Multi-Benefit Application			Y		
	Family Application			Y		
Connecticut	Multi-Benefit Application			Y		
	Family Application	Y		Y		
Delaware	Multi-Benefit Application			Y		
	Family Application	Y		Y		
	CHIP Application	Y	Y			
District of Columbia	Multi-Benefit Application					
Florida	Multi-Benefit Application	Y			Y	Y
	Child-Only Application	Y				
Georgia	Multi-Benefit Application			Y		
	Family Application			Y		
	CHIP Application			Y		
Hawaii	Family Application		Y			
	Child-Only Application	Y	Y			
Idaho	Multi-Benefit Application	Y	Y			
Illinois	Multi-Benefit Application	Y		Y		
	Family Application	Y		Y		
Indiana	Child-Only Application			Y		
Iowa	Family Application			Y		
	CHIP Application	Y		Y		
Kansas	Family Application				Y	Y
Kentucky	Multi-Benefit Application		Y			
	CHIP Application	Y		Y		
Louisiana	Family Application	Y	Y			
Maine	Multi-Benefit Application		Y			
	Family Application	Y	Y			
Maryland	Multi-Benefit Application	Y		Y		
	Family Application	Y		Y		
	Child-Only Application		Y			
Massachusetts	Family Application	Y		Y		
Michigan	Multi-Benefit Application			Y		
Minnesota	Multi-Benefit Application					Y
	Family Application					Y
Mississippi	Family Application		Y			
Missouri	Family Application	Y			Y	

Table 2:
Toll-Free Assistance Hotline and Availability in Multiple Languages for Medicaid and CHIP Applications, February 2013

State	Application Type	Toll-Free Hotline Provided	Availability of Application in Other Languages			
			English Only	English and Spanish	English, Spanish, and One Other	Ten or More Languages
Montana	Multi-Benefit Application			Y		
	CHIP Application	Y	Y			
Nebraska	Multi-Benefit Application			Y		
	Child-Only Application			Y		
Nevada	Multi-Benefit Application		Y			
	CHIP Application	Y	Y			
New Hampshire	Multi-Benefit Application				Y	
New Jersey	Family Application	Y		Y		
New Mexico	Multi-Benefit Application			Y		
	Family Application			Y		
New York	Multi-Benefit Application			Y		
	Family Application	Y		Y		
North Carolina	Family Application	Y		Y		
North Dakota	Multi-Benefit Application		Y			
	Family Application	Y	Y			
Ohio	Multi-Benefit Application				Y	Y
Oklahoma	Multi-Benefit Application			Y		
	Family Application	Y		Y		
Oregon	Multi-Benefit Application					
Pennsylvania	Multi-Benefit Application	Y		Y		
Rhode Island	Multi-Benefit Application			Y		
	Family Application			Y		
South Carolina	Family Application			Y		
South Dakota	Family Application		Y			
Tennessee	CHIP Application	Y		Y		
	Multi-Benefit Application	Y			Y	
Texas	Multi-Benefit Application	Y		Y		
	Child-Only Application	Y		Y		
Utah	Multi-Benefit Application			Y		
	Family Application	Y		Y		
Vermont	Family Application	Y	Y			
Virginia	Multi-Benefit Application			Y		
	Child-Only Application	Y	Y			
Washington	Multi-Benefit Application					Y
	CHIP Application	Y				Y
West Virginia	Multi-Benefit Application			Y		
	CHIP Application	Y		Y		
Wisconsin	Family Application				Y	
Wyoming	Family Application	Y		Y		
	CHIP Application	Y		Y		

Table 3

Income Documentation Requests on Medicaid and CHIP Applications, February 2013

State	Application Type	Income Documentation Requested	Self-Employment Income Documentation Requested
Total: 85		62	45
Proposed Streamlined Application		Employer name? Wage/tips (before taxes) Average hours worked each WEEK? In the past 6 months, did PERSON 1: Change jobs; Stop working; Start working fewer hours; None of these	If self-employed, please answer the following questions: Type of Work? How much net income (profits once expenses are paid) will PERSON 1 get from this self-employment this month? See instructions on page 20 to see what could be counted.
Alabama	Family Application	For Medicaid eligibility, attach proof of gross wages. (This means work income before anything is taken out, such as taxes, retirement, Medicare premiums, garnishments, etc.) You may send check stubs or a signed statement from employer for the most recent month. Note: Remember to include any overtime pay.	If self-employed, you must attach a copy of your most recent Income Tax Return and Schedule C.
Alaska	Multi-Benefit Application	What do I need to bring to my interview? Proof of income received by everyone in your household. This can be provided by the most recent pay stubs or a work statement from an employer.	If self-employed, bring in income and expense records
	Child-Only Application	Checklist: Proof of income from each source received by everyone in the household for the last 30 days. This can be done by sending the most recent pay stubs or a work statement from an employer.	If self-employed, provide Income and expense records, income tax records, profit and loss statements, or other business records.
Arizona	Family Application	What information do I need to give DES? Proof of all money your household received last month and this month	
Arkansas	Multi-Benefit Application	Bringing items such as your most recently paycheck stubs, award letters, and bank statements to your interview may speed up the application process. During the interview, the DHS worker will tell you if you must provide any additional information.	
	Child-Only Application	SSNs are also used in a match through the State Income and Eligibility Verification System to secure wage, unearned income and benefit information from the Social Security Administration, Employment Security Division, and Internal Revenue Service. Information received may be verified through other contacts when discrepancies are found by DHS and may affect eligibility and level of benefits.	
California	Multi-Benefit Application	How much income did everyone, including children, get or will they get this month?	
	Family Application	Send a copy of the most recent pay stub you have. If a pay stub is not available, get a signed statement from your employer. Gross monthly income and the dates received should be on the statement OR a copy of last year's federal income tax return.	A copy of last year's federal income tax return.
	Child-Only Application	Send us copies of income and expense documents. You may be able to use other documents not listed here. Recent pay stub (from less than 45 days ago), or a signed, dated employer statement showing gross income and how often you are paid, or last year's tax return	Last year's federal income tax form with Schedules C, C-EZ, or F, or A signed, itemized profit and loss statement for the last 3 months. For a sample profit and loss statement, go to: www.healthyfamilies.ca.gov , then click on the "Downloads" tab.
Colorado	Family Application	All household income may need to be verified when applying for Medical Assistance. It is not required, but if you provide your Social Security Number (SSN), we may be able to verify your income electronically through the Department of Labor's system. You may be asked for further information if needed.	
	Multi-Benefit Application	Please include one full month of income (before taxes and deduction). Please include one month of pay stubs or verification of employment.	
Connecticut	Family Application	Complete the following for anyone in Sections C and D who receives earned income. Include your earnings if you are a spouse or parent of a child listed in section C. Also, include your income if you are a caretaker relative and you want health coverage for yourself. If a person has more than one job, list each job separately.	If you are self-employed, please send us proof of business income and expenses. This may be last year's income tax return including all Schedules. If the tax return is more than 3 months old, provide a Profit and Loss Statement detailing the income and expenses since the last time taxes were filed and a copy of the business records for the same time period. If neither are available, send us a sworn notarized statement or DSS form W-38 showing income and expenses for us to review.
	Multi-Benefit Application	How have you paid your bills during the last six months? If you have no income or your expenses are greater than your income, how do you pay your bills?	You may provide copies of pay stubs, tax returns, or bookkeeping records for self-employed household members, copies of checks from the source of income, an award letter or a signed statement from the person or source of income.
Delaware	Family Application CHIP Application	One month of family income (pay stubs, award letters)	Complete tax return including schedules
	Multi-Benefit Application	You must provide proof of the information you give us before we can give you benefits. We will give you a list of what information must be verified	
District of Columbia	Multi-Benefit Application	Documents that you may need to bring to DHS: Recent paystubs, statement showing retirement income, disability income	

Table 3
Income Documentation Requests on Medicaid and CHIP Applications, February 2013

State	Application Type	Income Documentation Requested	Self-Employment Income Documentation Requested
Florida	Child-Only Application	If you give Social Security Numbers, we may be able to check income electronically. Florida KidCare will let you know if we need proof of income from work. If proof of income from work is needed, Florida KidCare will ask you for readable copies of the following documents: 1. Pay stubs or wage statements - A copy of pay stubs or wage statements from the last four weeks or a letter from your employer that says how much money you earned. If you are self-employed, a copy of a business ledger, records, receipts or a tax statements; OR 2. Most recent W-2 forms, OR 3. Most recent federal income tax return	If you are self-employed, a copy of a business ledger, records, receipts or a tax statements; OR 2. Most recent W-2 forms, OR 3. Most recent federal income tax return
	Multi-Benefit Application	Does anyone that you are applying for receive any type of income such as: wages, tips, self-employment, Social Security...etc? (Include the income of parents living at home with minor child applicants and income of spouses and dependents of applicants if living in the home.) If yes, list below.	
Georgia	Multi-Benefit Application	Proof of income like pay stubs, child support, and income award letters	
	Family Application	List all income received by persons on page 1 of this application. Be sure to show the amount before deductions. Attach an extra sheet if necessary. We will decide, based on the type of Medicaid, whose income must be counted and whose may be excluded. I understand that this information may need to be verified to determine eligibility. I understand wage and salary information supplied by the Georgia Department of Labor may be obtained to verify and determine eligibility for Medicaid.	
	CHIP Application	Weekly pay - (4) weeks of pay stubs (one week after the other) - OR - Bi-Weekly pay - (2) pay stubs received every other week (one after another) - OR - Semi-Monthly - (2) pay stubs received two times a month (one after the other) - OR - Monthly - (2) pay stubs received one time a month (one month after another) - OR - Paid Cash - Letter from employer signed by an Office of the Company on Company letterhead - OR - Yearly - Tax Forms filed.	Self employment documents such as business ledger receipts or bank deposits
Hawaii	Family Application	Please tell us ALL income your household gets each month. Check here if your household has no income. Tell us how your food, rent, clothes, and other living costs are paid.	
	Child-Only Application		
Idaho	Multi-Benefit Application	You may need to provide the following proof: Income, or any other money coming into your household such as wage stubs for the last 30 days. Providing this proof may speed the determination process.	Current federal income tax records, if self-employed.
Illinois	Family Application	Send a copy of one pay stub (including tips) received in the last 30 days from each job.	If anyone is self-employed, provide 30 days of detailed business records that include income and expenses. For a sample form, visit www.allkids.com
	Multi-Benefit Application	Is any adult, parent, stepparent, spouse or pregnant woman named on this form currently employed? If yes, complete the following and attach proof for the last month. Is anyone self-employed?	
Indiana	Child-Only Application	Proof of income like a recent pay stub or something from the employer showing last month's income.	Last year's income tax return
Iowa	CHIP Application	Send copies of all pay stubs for the last 30 days. If you do not have pay stubs or if you have a new job, we can take a signed statement from your employer verifying your pay.	Send a copy of your most recent tax return (include schedule C or F). If your self-employment business is new or your earnings are not the same as what is on your return, send a copy of the most recent business records; tell us what has changed.
	Family Application	Pay stubs from the last 30 days if you are employed or federal income tax records if you are self employed. Award letters for Social Security Benefits, Veterans Benefits, etc.	Federal income tax records
Kansas	Family Application	Tell us about your income: Proof of all income, before deductions, is required. Examples include copies of pay stubs, a statement from your employer, benefit letter, etc.	If you work for yourself (self-employed), you must provide your most recent complete tax return, if filed. A statement of income and expenses for the last three months for your business is required if you do not have a tax return.
Kentucky	CHIP Application	Two prior months' check stubs or a letter from the employer listing the amount of income	Previous year's tax return and all schedule attachments with this application
	Multi-Benefit Application	Social Security Numbers are used to verify your family's income and resources and to do computer matches with other agencies such as the Kentucky Department of Workforce Investment, the IRS, and other matching sources.	
Louisiana	Family Application	Does anyone in the home work? Worker's name? Employer name? How much are they paid? (gross income before taxes); How often paid? (weekly, biweekly, monthly, etc.)	Is this person self-employed? How much are they paid? (gross income before taxes); How often paid? (weekly, biweekly, monthly, etc.)

Table 3
Income Documentation Requests on Medicaid and CHIP Applications, February 2013

State	Application Type	Income Documentation Requested	Self-Employment Income Documentation Requested
Maine	Family Application	Attach paystubs or photocopies of paystubs for the last 4 weeks. We need proof of income before we can process the application. Gross weekly wages are multiplied by 4.3 to arrive at gross monthly wages. Gross monthly wages are what determine eligibility.	Attach a copy of your most recent tax return including all schedules. If your business is incorporated, include the corporate income tax return as well. If you have not filed a tax return, we will send you forms to complete.
	Multi-Benefit Application	List household earnings for yourself and your spouse (who lives with you): (please provide the last 4 pay stubs or copies of them)	Is anyone in your household self-employed? Please provide <u>a copy of your most recent tax return or business records.</u>
Maryland	Multi-Benefit Application	Does anyone in your household receive any income from employment? If yes, list all gross income before deductions (such as full or part-time employment, self-employment, baby-sitting, odd jobs, day work, roomer/boarder payments, etc.)	
	Family Application	You may need to give proof of income. Does anyone in your household receive any income from employment? If yes, list all gross income (from full or part-time employment, self-employment, babysitting, odd jobs, day work, roomer/boarder payments, etc.)	
	Child-Only Application	List any wages, tips, commissions, earning or money from self-employment. Send proof of income if you did not give Social Security numbers in Question 2. For child applicants, we count the parents' income if living together. We count income from your child's brothers and sisters living in the household if you choose to include them. For pregnant women of any age, we count the pregnant women's income and the income of her spouse, if married and living together.	
Massachusetts	Family Application	Send proof of income like a copy of one recent pay stub.	If self-employed, see the MassHealth Member Booklet for information about the needed proof. Tax return or current business records showing other relevant documents may be submitted as acceptable proof of self-employment
Michigan	Multi-Benefit Application	For most programs, DHS will need proof of your household's income. If you have proof, send or bring it with your assistance application. Some ways to prove income are Check stubs, child support receipts, self-employment records of income and expenses. If we need proof, we will send you a list of what we need.	Self employment records of income and expenses
Minnesota	Family Application	Pay stubs from the last 30 days and from each month prior to the last 30 days for which you want coverage or a written statement from your employer if you do not have pay stubs.	Most recent income tax returns and all related schedules or business records if taxes are not filed
	Multi-Benefit Application	You may need to provide proof of the information on this form. Bring the proofs with you to the interview or send them to your worker as soon as you can.	Most recent income tax returns and all related schedules or business records if taxes are not filed
Mississippi	Family Application	You must provide proof of your household's most recent income. Your worker will explain to you what is acceptable verification for your family.	
Missouri	Family Application	Please submit income verification, for the last 30 days, with the application.	Federal income tax returns
Montana	CHIP Application	Include proof of all earned income for the last 2 months	Provide the most recent business and personal tax returns, include all schedules and forms, or business records if it is a new business and you have not yet filed a tax return
	Multi-Benefit Application	The following is a list of possible verifications to bring to the interview or submit with your application which may speed up the application process. Income: pay stubs, pay envelopes, earning statements from employers	Please provide self employment records
Nebraska	Child-Only Application	One month of current pay stubs; or a letter from your employer that shows your income for the past 30 days	If you are self-employed, send in a copy of your signed federal tax return or if you are a farmer or rancher, send in a copy of your signed 1040 and Schedule F
	Multi-Benefit Application	Different programs require proof of some or all of the sources listed below. Income: check stubs from employment (includes jobs left within the last 90 days), ledgers and income tax returns from self-employment including farming, child support or alimony, Social Security income, pension, unemployment benefits, interest or dividends, student income (work study, graduate assistance)	Include your most recent Federal Tax Return with 1040 and all schedules.
Nevada	CHIP Application	Provide proof of each income received. List all types of income received by anyone in the household (including children).	Complete copy of the most current income tax return. Additional information may be requested to better assess your total annual gross income
	Multi-Benefit Application	SSNs are used to verify your family's income and resources and to conduct computer matching with other agencies such as the SSA.	
New Hampshire	Multi-Benefit Application	Your case may be selected for a quality control check or other governmental review. Such a review entails an in-depth investigation into your household financial or medical situation.	

Table 3
Income Documentation Requests on Medicaid and CHIP Applications, February 2013

State	Application Type	Income Documentation Requested	Self-Employment Income Documentation Requested
New Jersey	Family Application	Send in one check stub that best shows your pay or other proof showing gross income (before deduction) for the most recent month	Signed copy of your last 1040 (including Schedule C, Form S1120, Form 1065, Schedule E, and all the other related schedules) or your last profit and loss statement
New Mexico	Family Application	Income (for you and your spouse): Current check stubs or copies of paychecks for the past 30 days or a letter from your employer	Self employment records such as Income Tax forms or Personal Wage Records
	Multi-Benefit Application	You must send proof of all earned income received for the last 30 days by people in your household	
New York	Family Application	Proof of current income or income you might get in the future like unemployment benefits or a lawsuit	Current signed and dated income tax return and all schedules; records of earnings and expenses/business records
	Multi-Benefit Application	Four weeks of recent paycheck stubs	Self employment worksheet
North Carolina	Family Application	Provide copies of all of last month's paycheck stubs for everybody listed. Send in the application even if you do not have your paystubs.	Attach business records showing income and expenses for the last 6 months or the number of months in business if less than 6 months.
North Dakota	Family Application	Attach a copy of last month's and this month's pay stubs.	
	Multi-Benefit Application	Proof of most current income (last month and this month)	Most recent copy of federal income tax returns
Ohio	Multi-Benefit Application	Copy of a recent pay stub or if self-employed, and IRS 1040 tax form with schedule C or F, or a letter from your employer stating the amount of your monthly gross income	An IRS 1040 tax form with schedule C or F
Oklahoma	Family Application	Does this person have a job? If yes, answer these questions about each full-time or part-time job or business. Show gross earnings (before taxes), not take-home pay.	
	Multi-Benefit Application	After you give us this form, we will set up your interview. During your interview, we will help you complete the rest of the application and tell you which benefits you can receive. What you will need to bring to your interview: proof of income for everyone living with you, such as pay stubs or award letters	
Oregon	Multi-Benefit Application	Send a copy of the most recent pay stub or a pay stub received within the last 30 days for each job listed	
Pennsylvania	Multi-Benefit Application	Attach verification of income, if available	
Rhode Island	Family Application	Include proof of gross income earned and related expenses, if any	
	Multi-Benefit Application	Has anyone in the household received any income from any source so far this month? If yes, how much gross income?	
South Carolina	Family Application	Tell us about the income for each family member in the home. Enter GROSS pay before taxes and deductions, not take home pay. Enter zero ("0") if you are not working. You must send us proof of income for the past 4 weeks.	Send copies of all the most recently filed Personal and Business Federal income tax forms including all forms and schedules
South Dakota	Family Application	Documentation of income should include copies of pay stubs or a letter from the employer showing income from each job for the last 30 days.	Provide copies of the most recent tax forms (provide the entire form). The tax forms must be signed. Business ledgers or office records will be needed if you do not have tax forms.
Tennessee	Multi-Benefit Application		
	CHIP Application	Gross Household Income (Please list everyone living in the household who receives income and the source of the income): Please add together monthly income amount from each job if you have more than one job.	If self-employed, monthly allowable federal tax deductions such as estimated tax, which includes tax you pay to the Federal government and self-employment taxes.
Texas	Multi-Benefit Application	One pay stub or paycheck from the last 60 days, a statement from your employer or self-employment records	Self-employment records
	Child-Only Application	Pay check stub from the past 60 days showing the amount paid before taxes or deductions, last tax return, or a statement signed and dated by the employer and showing the employer's name, address and phone number.	Last tax return or self employment records
Utah	Multi-Benefit Application	Your SSN, as well as other information you give us, will be subject to verification using the State IEVS. DWS will ensure your household is eligible for food stamps and other federal assistance programs through electronic matches.	
	Family Application	Your Social Security number will be used with the State Income and Eligibility Verification System to make sure that your household is eligible for federal assistance programs. Computer matching, program reviews, and audits will be done with Job Service, Immigration and Naturalization, Social Security, IRS records.	

Table 3
Income Documentation Requests on Medicaid and CHIP Applications, February 2013

State	Application Type	Income Documentation Requested	Self-Employment Income Documentation Requested
Vermont	Family Application	Does anyone have income from a job? List income from the past 30 days before any deductions such as taxes, insurance, child support, or union due. If income has ended or you expect it to change in the next 30 days, attach a note explaining the change.	
Virginia	Multi-Benefit Application	Answer the income questions for everyone for whom you are applying. If applying for TANF, TANF Emergency Assistance, Medicaid, or Plan First, also provide income information for the additional person indicated on the INSTRUCTIONS page.	
	Child-Only Application	Proof of each type of income a family member receives. Attach a copy of all paycheck stubs for the month before you apply showing gross pay.	Most recent tax return and all schedules or provide business records for last month
Washington	CHIP Application	Please attach proof of recent income	Most recent tax return, including all schedules and attachments if it represents current/projected income
	Multi-Benefit Application	How much money do you expect your household to get this month? Earned income. Attach proof. Who earns this income? Employer's name and phone number. Gross amount received (dollar amount before taxes)	
West Virginia	Multi-Benefit Application		
	CHIP Application	Does anyone in your home have income from any of the following? Not submitting documents needed to verify your income or other statements may cause delay or denial of your application. (See application guide.)	
Wisconsin	Family Application		
Wyoming	Family Application	Paystubs or earnings statements for the last 30 days.	Most recent quarterly or yearly tax return, if self-employed
	CHIP Application	KidCare CHIP conducts random quality control checks on all new applications and renewals each month. You may be selected through this process and be required to submit proof of income.	

Table 4

Language Regarding Immigrant Status and Use of Social Security Numbers on Medicaid and CHIP Applications, February 2013

State	Application Type	Language Regarding Immigrant Status and Use of SSNs
Proposed Streamlined Application		We need Social Security Numbers (SSNs) for everyone applying for health insurance who has one. An SSN is optional for people not applying for insurance, but providing an SSN can speed up the application process. We use SSNs to check income and other information to see who is eligible for help with insurance. If someone doesn't have an SSN, call 1-800-XXX-XXXX or visit www.placeholder.gov .
Alabama	Family Application	Citizens must provide proof of citizenship and identity for Medicaid. See Citizenship and Identity Handout. Noncitizens may still receive services.
Alaska	Multi-Benefit Application	The Division [of Public Assistance] may verify immigrant status of household members by contacting the US Citizenship and Immigration Services (USCIS). Information obtained from these agencies may affect your eligibility and level of benefits. Providing the requested information, including the Social Security Number (SSN) of each household member for whom you are seeking benefits, is voluntary. However, failure to provide this information will result in the denial of benefits to each individual failing to provide an SSN. Any SSN provided will be used and disclosed in the same manner, regardless of the eligibility of the individual.
	Child-Only Application	
Arizona	Family Application	You do not need to tell us about your citizenship or immigration status if you are not applying for benefits for yourself. You will still need to provide information the citizenship and immigration status of any person in your family or household (such as a child) you are applying for. If you do not give us citizenship and immigration information because you are not applying for benefits, we will not try to find out this information from USCIS. It is DES policy not to report you, your family, or household member to ICE unless you inform us that you are in the U.S. illegally.
Arkansas	Multi-Benefit Application	A social security number or proof of application for a social security number is required for all individuals who will receive benefits.
	Child-Only Application	You do not have to be a U.S. citizen to qualify. If you are a not a U.S. citizen, attach documentation of alien status.
California	Multi-Benefit Application	The county will send facts to USCIS (formerly INS) to verify immigration status and the facts the county gets for USCIS may affect my eligibility for cash aid, food stamps, and full Medi-Cal. But if I am applying for Medi-Cal only, AND if I am <u>not</u> an LPR....the county will not send facts to the USCIS
	Family Application	Send proof of immigration status or a USCIS receipt showing that you applied to replace a lost document. Many immigrants may get full Medi-Cal even if they do not have a green card or immigration document. Copy both sides and send proof now or within 30 days of application. If you do not send this proof, you may still be eligible for emergency or pregnancy related services. Do not give immigration information about people who are not asking for Medi-Cal. Information about immigration is private and confidential.
	Child-Only Application	If you are applying for benefits, you must answer the questions about citizenship and immigration status. If you are a parent or guardian and are not applying for yourself, you do not have to provide your immigration information. If you are applying for full-scope Medi-Cal, we will confirm your immigration status with Immigration (USCIS) only to see if you are eligible. We will not share your immigration information with Immigration or other agencies for any other reason.
Colorado	Multi-Benefit Application	I am aware that...I do not have to be a U.S. citizen to apply for assistance. Both U.S. citizens and qualified non-citizens may be eligible for Medical Assistance. Please do not let the fear about immigration status stop you from seeking benefits for your family. Receiving Medical Assistance will not stop you from gaining lawful permanent residence or U.S. citizenship.
	Family Application	
Connecticut	Multi-Benefit Application	Provide immigration information for those who are not citizens and who are applying for health insurance.
	Family Application	
Delaware	Multi-Benefit Application	I must give the Social Security Number for each person applying and it will be used to check records with other government agencies. The Division of Medicaid & Medical Assistance (DMMA) also asks me to give the Social Security Number of anyone whose income is used to determine my eligibility. Nonlawful aliens are not required to give a Social Security Number. I certify, under penalty of perjury, that I am a U.S. citizen or alien in lawful immigration status. I must give proof of lawful immigration status and it will be checked with INS. Nonlawful alien status will not be checked. This will not affect any public charge determination or lead to deportation proceedings. Nonlawful aliens may be eligible for emergency services and labor and delivery only.
	Family Application	
	CHIP Application	
District of Columbia	Multi-Benefit Application	Many immigrants are eligible for benefits. For any non-citizen applying for benefits, please provide the immigration information below. We keep this information confidential. If your status is "OTHER," then we will not ask you for any more information about your immigration status. If you are only applying for you child, you do not have to give details about your immigration status. Instead, you can just give your child's immigration information. If you just want benefits for your child, you can mark "OTHER" for your own immigration status.
Florida	Multi-Benefit Application	IMPORTANT INFORMATION FOR IMMIGRANTS: Applying for or receiving food assistance benefits or Medicaid will not affect you or your family members' immigration status or ability to get permanent resident status (green card). Receiving Temporary Cash Assistance or long-term institutional care such as nursing home benefits might create problems with getting that status, especially if the benefits are your family's only income. We will not tell USCIS about the immigration status of those living in your household who are not applying for benefits. Under no circumstances will individuals who are not applying for benefits be reported as not lawfully residing in the US. If you are completing this application for someone else, answer the questions based on their circumstances.
	Child-Only Application	Important Public Charge Information: What you tell us about your child's citizenship status is confidential. Florida KidCare will not share anything you tell us with the USCIS. Information about a parent's immigration status is not needed to apply for Florida KidCare. A child's enrollment in Florida KidCare does not harm anyone's application for citizenship or legal permanent resident status.

Table 4

Language Regarding Immigrant Status and Use of Social Security Numbers on Medicaid and CHIP Applications, February 2013

State	Application Type	Language Regarding Immigrant Status and Use of SSNs
Georgia	Multi-Benefit Application	<p>Please list all persons living with you for whom you DON'T want Medicaid. List yourself if you don't want Medicaid. You do not have to provide a SSN or immigration status information for any person who is not asking for Medicaid. If provided, we will use the SSN for computer matches with other agencies and it may help us process your child's application. We will NOT share your information with the Department of Homeland Security (formerly the INS).</p> <p>I understand that the Ga. Division of Family and Children Services may require verification from the United States Department of Homeland Security (DHS) of my/my children's citizenship or immigration status when seeking benefits. Information received from DHS may affect mv/mv children's eligibility.</p> <p>Citizenship or legal immigration status must be verified for eligibility in PeachCare or Medicaid. PeachCare <i>may</i> request proof of citizenship or legal immigration status. Failure to comply will result in a denial of your application. Social Security Numbers are used to do computer matches with other agencies in order to assist in verifying eligibility for PeachCare and/or Medicaid benefits. You only need to tell us the Social Security Number for the people for whom you are applying.</p>
	Family Application	
	CHIP Application	
Hawaii	Family Application	I must provide proof of lawful immigration status unless I am not applying for medical assistance, or I am an alien that entered the U.S. on or after August 22, 1996 and am applying for emergency medical services.
	Child-Only Application	I must provide proof of lawful immigration status unless I am not applying for medical assistance, or I am an alien that entered the U.S. on or after August 22, 1996 and am applying for emergency medical services. Q. Will enrollment in QUEST or Medicaid FFS affect my immigration status? A: No. It will not affect your child's or family's immigration status. Visit the Bureau of Citizenship and Immigration web site or call their national customer service center for details
Idaho	Multi-Benefit Application	DO I HAVE TO BE A CITIZEN? According to the U.S. Citizenship and Immigration Services, if you do NOT have a Resident Alien Card, members of your family who are eligible can use non-cash benefits, including Medicaid, Food Stamps, WIC, housing assistance, energy benefits, job training, child care, disaster relief, public health assistance, etc., without hurting your chances of getting a Resident Alien Card, becoming a U.S. citizen, or sponsoring relatives in the future.
Illinois	Multi-Benefit Application	I understand the Department will not share any information about immigration or any persons who do not have an Alien Registration Number. The Department will verify the immigration status of any person I give an Alien Registration Number for. To do that, the Department will check the number with the U.S. Citizenship and Immigration Service (USCIS). The Department may send other information to USCIS, such as copies of proof I give of an Alien Registration Number and the person's Social Security Number, if they have one.
	Family Application	Receiving most public health benefits should not affect a person's immigration status. The U.S. Citizenship and Immigration Service may consider someone to be a public charge if they live in long-term care, like a nursing home or mental health facility that the government pays for.
Indiana	Child-Only Application	The immigration status of non-citizens who are applying for health coverage is subject to verification by the United States Citizenship and Immigration Services (USCIS). However, the Hoosier Healthwise Program does not report undocumented immigrants to the USCIS.
Iowa	CHIP Application	<i>Can my children get hawk-i if I am not a U.S. citizen?</i> Yes. The child must be a citizen or lawful permanent resident to get hawk-i. You must provide proof of your child's citizenship or alien status and their identity. For more information on acceptable documents, visit www.hawk-i.org or call hawk-i Customer Service. The citizenship status of the parent does not count. Information about families who apply for hawk-i is <u>not</u> given to the U.S. Citizenship and Immigration Services (CIS).
	Family Application	Please do not let fear of the Immigration and Naturalization Service (INS) keep you from getting help for your family. Getting help will <u>not</u> keep you from gaining lawful, permanent residence, U.S. citizenship, or from sponsoring relatives.
Kansas	Family Application	Tell us about everyone living in your home...Mark each person you want covered and provide their Social Security Number (SSN). Listing the SSN for everyone in your home may help us serve you better. I certify that everyone I am requesting health coverage for - and who is determined eligible for such coverage - is a U.S. citizen or is a non-U.S. citizen in lawful immigration status. Proof of immigration may be required.
Kentucky	Multi-Benefit Application	Social security numbers will not be used to report anyone to the United States Citizenship and Immigration Services (USCIS). Anyone applying only for emergency Medicaid does not have to give us his or her social security number or tell us about his or her citizenship and immigration status. If you or anyone else in your home does not want to get benefits, then you do not have to tell us about your social security number, citizenship, or immigration status. Other members of your household can still get benefits, if they qualify. Getting Medicaid or KCHIP will not affect your or your family's ability to change immigration status. An exception to this is the use of long-term institutional care such as a home.
	CHIP Application	
Louisiana	Family Application	The answers you give about citizenship are keep private and only used to see if you qualify for health coverage. You understand Social Security numbers will only be used to get information from other government agencies to see if you qualify for benefits.
Maine	Multi-Benefit Application	Is everyone you are applying for a U.S. citizen? If no, please list their Alien Registration Numbers.
	Family Application	Children or pregnant women do not need to be citizens to be covered by MaineCare. Some non-citizens who are here temporarily, for example, students or visitors, can get coverage for payment of emergency services only

Table 4

Language Regarding Immigrant Status and Use of Social Security Numbers on Medicaid and CHIP Applications, February 2013

State	Application Type	Language Regarding Immigrant Status and Use of SSNs
Maryland	Multi-Benefit Application	If anyone for whom you are applying is not a United States citizen, fill in this section. ONLY ANSWER THESE QUESTIONS FOR EACH PERSON WHO WANTS BENEFITS. If you are not eligible for other kinds of Medical Assistance and you are applying only for Emergency Medicaid, you do not have to fill-in this section. You must give us a social security number for each family member who wants benefits. We use social security numbers to prove income. We do not give number to other agencies like Immigration and Naturalization.
	Family Application	Social Security Number (SSN) and Immigration Status I understand that providing the SSNs of MA/MCHP applicants is required and that providing the SSNs of other non-applicant household members is voluntary. I will not be penalized if the SSNs of household members who are not applying for MA/MCHP are not provided. Neither SSNs nor immigration status will be shared with federal immigration authorities. They will only be used to help check the information about income and insurance coverage and to help maintain eligibility files. If I do not have a SSN and want to apply for one, I understand that my case manager will help me. Providing a SSN is not required for Emergency MA/MCHP applicants. Applicants who do not have proper immigration status may still be eligible for Emergency MA, including labor and delivery, if they meet all other eligibility requirements.
	Child-Only Application	I understand that providing the SSNs of MCHP applicants is required and the providing the social security numbers of other household members and MCHP Premium applicants is voluntary. I will not be penalized if the SSNs of household members who are not applying fo MCHP or the SSNs of MCHP Premium applicants are not provided. SSNs will not be shared with Immigration and Naturalization Services (INS), and will only be used to help check the information about income and insurance coverage and to help maintain eligibility files.
Massachusetts	Family Application	Note: Family member who want to get only one or more of the follow: MassHealth Limited, MCSP, Healthy Start, or the Health Safety Net, do not have to give us a social security number. We will not match their names with any other agency including the Department of Homeland Security (DHS). You do not need to send proof of their immigration status. But you must list thier names below. MassHealth Limited pays for emergency services only. See the MassHealth Member Booklet for more information... Fill out the chart below for each member of the family who is not a U.S. citizen/national and who is applying for MassHealth or Commonwealth Care. List all immigration statuses that have been applied to each person since that person entered the U.S.
Michigan	Multi-Benefit Application	Social Security numbers and immigration papers are NOT required for a person who is not applying for help; an undocumented non-citizen applying only for medical assistance for emergency services, pregnancy or childbirth; only applying for child care. (You must give a Social Security number for the child and the child must be a U.S. citizen or show immigration papers.) Other eligible members of your household will still be able to receive help.
Minnesota	Multi-Benefit Application	To get help from most public assistance programs, you must be in the United States (U.S.) legally. Members of your household who are not citizens and are applying for help must show proof of their immigration status.... You can apply and get help for other household members, even if you are not applying or if you are not eligible because of immigration status.
	Family Application	Immigration information you give to us is private. We use it to see if you can get coverage. We only share it when the law allows it or requires it. In most cases, applying will not affect your immigration status unless you are applying for payment of long term care services.
Mississippi	Family Application	USE OF SOCIAL SECURITY NUMBERS Pursuant to the authority found in federal law at 42 U.S.C. 1320b-7(a) and federal regulations at 42 CFR 435.910, you are required to disclose the Social Security Number (SSN) for each person applying for Health Benefits. This is a mandatory requirement in order to be eligible for Medicaid benefits, unless an applicant is a non-qualified alien seeking emergency Medicaid services.
Missouri	Family Application	Are all of the persons applying MO HealthNet U.S. citizens? If No, list the following information for pesons applying for MO HealthNet who are not U.S. Citizens. Name, immigration status and registration number, date of entry
Montana	Multi-Benefit Application	My (our) alien status information may be verified with United States Citizenship and Immigration Services (USCIS). This information may affect eligibility or level of benefits.
	CHIP Application	Social Security Number(s) are used by state and federal agencies to prevent duplicate participation and to exchange information by computer with other agencies (Social Security Administration, Internal Revnue Service, and employers). The information obtained from these sources may affect my children's eligibility. Alien status information may be verified with the United States Citizenship and Immigration Services (USCIS). This information may affect eligibility.
Nebraska	Multi-Benefit Application	Only those people who provide information regarding their immigration status and SSNs can receive SNAP benefits and/or Medicaid. If some family or household members do not wish to apply for SNAP benefits or Medicaid, they do not need to provide this information. If people in your household choose not to give us information about their immigration status or SSN, they must still provide us the information needed to determine the eligibility of the other persons in your household. You may withdraw your request for benefits for these persons or you may withdraw your entire application.
	Child-Only Application	This application asks you to tell us about the citizenship and immigration status of people in your household. For Children's Medical Programs, you must tell us the citizenship and immigration status for the children who receive assistance. If an eligible member doesn't have a SSN, we can help them apply for out and your application will not be delayed.
Nevada	Multi-Benefit Application	You will be required to provide information about the citizenship and/or immigration status for all persons (including yourself) who are applying for assistance. If any of these persons do not want to give us information about his/her citizenship and/or immigration status, he/she will not be eligible for benefits. Other family or household members may still receive benefits if they are otherwise eligible. Qualified Non-Citizen status is verified with the United States Citizenship and Immigration Service (USCIS) for eligibility purposes. Information on non-applicants or non-qualified non-citizens will not be shared with USCIS.
	CHIP Application	Applying for Nevada Check Up will not affect your family's immigration status. If not born in the United States, the child must be a qualified alien who has legal immigration status to be eligible for Nevada Check Up or Nevada Medicaid.

Table 4

Language Regarding Immigrant Status and Use of Social Security Numbers on Medicaid and CHIP Applications, February 2013

State	Application Type	Language Regarding Immigrant Status and Use of SSNs
New Hampshire	Multi-Benefit Application	Notice to Immigrant Families: If you get help with health care or Food Stamps, it will not affect your immigration status. If you or members of your family used or received Medicaid or Food Stamps, it will not affect your or your family members' ability to become U.S. citizens. However, if you get cash assistance such as TANF or help with cost of nursing home care, it might create problems with becoming a U.S. citizen, especially if the benefits are your family's only income. Before you apply, you may want to talk with an agency that helps immigrants with legal questions or contact the US Citizenship and Immigration Services (USCIS). We do not give SSNs or any other information regarding non-applicants to the US Citizenship and Immigration Services (USCIS), formerly known as INS, or any other agency not directly connected with programs and/or services offered by DHHS.
New Jersey	Family Application	U.S. Citizen? (see instructions) Instructions: Applicant parents must be a US citizen or qualified immigrant including those with legal permanent resident status for at least 5 years. Applicant children under the age of 19 must be a US citizen, or qualified immigrant regardless of date of entry. You are not required to provide a Social Security Number (SSN) on this application. However, we encourage you to include SSN(s), especially for those family members who want NJ FamilyCare, because it often speeds up the enrollment process.
New Mexico	Multi-Benefit Application	Receiving SNAP/food, energy, or medical assistance will not prevent you from becoming an LPR or US citizen. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information, SSN, or other similar proofs.
	Family Application	Federal regulations require that all individuals receiving Medical Assistance provide specific documents that verify Citizenship or Legal Permanent Status and Identity...Provide Social Security Numbers and Citizenship ONLY for those who are applying for assistance.
New York	Multi-Benefit Application	We may confirm the immigration status of any or all household members applying for temporary Assistance, Medical Assistance benefits, Food Stamp Benefits or Services by submitting the information you give us to the United States Citizenship and Immigration Services (USCIS). Information received from the USCIS may affect your household's eligibility and level of benefits.
	Family Application	
North Carolina	Family Application	For a person to be enrolled in Health Check, you must provide his/her social security number or apply for a number. These numbers will be matched by computer with other government agency records (but not the Bureau of Citizenship and Immigration Services) to verify information. For a person to be enrolled in Health Check (Medicaid)/Health Choice, you must provide proof of identity and U.S. citizenship or information for the county DSS to obtain the proof for those applying for benefits. For refugees and legally qualified immigrants, provide proof of legal status for those applying.
North Dakota	Multi-Benefit Application	For SNAP and Medicaid, if any of these persons do not want to give information about their SSN, citizenship or immigration status, they will not be eligible for benefits. These persons must provide their financial information to determine eligibility for other household members. Other household members may still get benefits if they are otherwise eligible. We will not share alien or citizenship information about non-applicants with the United States Citizenship and Immigration Service (USCIS).
	Family Application	You will be asked to provide information about the citizenship or immigration status for all persons for whom you want to receive assistance. If any of these persons do not want to give information about their citizenship or immigration status, they will not be eligible for benefits. Other household members may still get benefits if they are otherwise eligible. We will not share alien or citizenship information with the United States Citizenship and Immigration Service (USCIS).
Ohio	Multi-Benefit Application	
Oklahoma	Multi-Benefit Application	You must check yes in the U.S. citizen block and fill in the Social Security number for each person who wants benefits.
	Family Application	
Oregon	Multi-Benefit Application	If you are applying for someone else, and not for yourself, we do not need your SSN or citizenship status. People who are not U.S. citizens may still qualify for certain benefits. If you do not have an SSN yourself, other family members who do have SSNs may still qualify. Pages 14 – 15 tell why the Department of Human Services (DHS) and the Oregon Health Authority (OHA) collect each SSN and what each SSN is used for.
Pennsylvania	Multi-Benefit Application	If you do not qualify for a SSN because of your immigration status, and you are not applying for assistance for yourself, your income and resources must still be considered in determining eligibility or benefit amount of the persons for whom you are responsible.
Rhode Island	Multi-Benefit Application	
	Family Application	You must tell us about the citizenship and immigration status of anyone who is applying for Rite Care/Rite Share. You must also give us your social security number if you have one. You may give us this information voluntarily for anyone listed in your household who is not applying for health benefits. If you do, we can only use this information to verify your family's income and help us decide the best way to provide health benefits to the eligible members of your family.
South Carolina	Family Application	USCIS documents, such as an I-551 (Green Card) or I-94, for each non-citizen applying for full Healthy Connections. If applying for Emergency Services Only for someone who is not a citizen, the applicant is not required to provide USCIS documentation or a Social Security Number.
South Dakota	Family Application	

Table 4

Language Regarding Immigrant Status and Use of Social Security Numbers on Medicaid and CHIP Applications, February 2013

State	Application Type	Language Regarding Immigrant Status and Use of SSNs
Tennessee	Multi-Benefit Application	
	CHIP Application	
Texas	Multi-Benefit Application	You can get benefits for your children who are U.S. citizens or legal immigrants even if you are not a U.S. citizen or a legal immigrant. You do not have to give your citizenship or immigration status to get benefits for your children. You only have to give the citizenship or immigration status of people who want benefits. If you are not a U.S. citizen or a legal get are emergency Medicaid services. Getting long-term care (Medicaid for the Elderly and People with Disabilities) or cash help (TANF) could affect your immigration status and your chances of getting a Permanent Resident Card (green card). Getting other benefits will not affect your immigration status and your chances of getting a Permanent Resident Card. You might want to talk to an agency that helps immigrants with legal questions before you apply.
	Child-Only Application	You can get benefits for your children who are U.S. citizens or legal immigrants even if you are not a U.S. citizen or a legal immigrant. You do not have to give your citizenship or immigration status to get benefits for your children. You only have to give the citizenship or immigration status of people who want benefits. If you are not a U.S. citizen or a legal immigrant, the only benefits you might be able to get are emergency Medicaid services. Getting long-term care (Medicaid for the Elderly and People with Disabilities) or cash help (TANF) could affect your immigration status and your chances of getting a Permanent Resident Card (green card). Getting other benefits will not affect your immigration status and/or your chances of getting a Permanent Resident Card. You might want to talk to an agency that helps residents with legal questions before you apply. If you are a refugee or have been given asylum, getting benefits will not affect your chances of getting a Permanent Resident Card or becoming a citizen.
Utah	Multi-Benefit Application	You can apply for and get food stamp and Medicaid benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for food stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits. Use of Medicaid benefits by you or your family members should not affect your ability to apply for permanent resident status unless you use Medicaid to pay for long-term care (nursing home or other institutionalized care). Use of Medicaid benefits will not affect your ability to apply for citizenship unless you committed fraud in getting those services.
	Family Application	I assure that all household members applying for medical coverage or reimbursement are U.S. citizens or aliens in lawful immigration status, unless I am requesting emergency medical assistance only. I understand that I do not have to report citizenship information for household members who are not applying for coverage or reimbursement. The State will verify alien registration numbers with the U.S. Citizenship and Immigration Services (USCIS). The State will not report undocumented household members to USCIS.
Vermont	Family Application	
Virginia	Child-Only Application	You must provide a copy of the front and back of the child's/pregnant woman's Resident Alien Card or other proof of immigration status with this application. We do not need information on the immigration status of any adults in your family if they are not applying for health insurance. The INS (now known as USCIS) cannot use this application to deny you admission to the U.S., to harm your permanent resident status, or to deport you.
	Multi-Benefit Application	
Washington	Multi-Benefit Application	You may be able to get assistance for some people you live with even if others you live with can't get help because of immigration status. You must tell us the status of anyone who applies. We have medical programs that cover some people who can't prove they are in the country legally. Under Federal Law (42 CFR § 435.910, 45 CFR §205.52, 7 CFR §273.6), you must give us the Social Security Number (SSN) for anyone you live with who applies for Medicaid, TANF, or food assistance. We may also need SSNs of parents and spouses who live with you but don't apply. We have medical programs for some people who don't have SSNs.
	CHIP Application	Your information may be reviewed by other state or federal agencies. This information will NOT be shared with Immigration and Naturalization (INS).
West Virginia	Multi-Benefit Application	
	CHIP Application	To correctly determine benefits, information may be computer matched through social security number with the IRS, SSA, US Dept. of Labor...; SSNs will also be given to US Immigration and Naturalization for named applicants online, but not other household members.
Wisconsin	Family Application	
Wyoming	Family Application	Citizenship/Immigration Status: My signature certifies that the citizenship/immigration status is correct for each person applying. I do not have to give information on citizenship or immigration status of family members who are not applying for healthcare benefits. I understand that my records will be kept confidential and will only be released for purposes authorized by federal and state law. Information I provide on this application will NOT be shared with the U.S. Citizenship and Immigration Services (USCIS) formerly known as Immigration and Naturalization Service (INS).
	CHIP Application	Citizenship/Immigration Status: My signature certifies that the citizenship/immigration status is correct for each person applying. I do not have to give information on • citizenship or immigration status of family members who are not applying for healthcare benefits. I understand that my records will be kept confidential and will only be released for purposes authorized by federal and state law. Information I provide on this application will NOT be shared with the U.S. Citizenship and Immigration Services (USCIS) formerly known as Immigration and Naturalization Service (INS).

**Table 5
Medical Support Language on Medicaid and CHIP Applications, February 2013**

State	Application Type	Medical Support Language	Good Cause Exemption
		69	41
Proposed Streamlined Application		For parents who qualify for Medicaid: I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I will not have to cooperate.	Y
Alabama	Family Application	If you apply for Medicaid for Low Income Families for yourself, you must give us the absent parent information below to allow Medicaid to send a medical support referral to the Child Support Enforcement Unit of the Department of Human Resources (DHR)...Have you already applied for medical support for this child? Y/N; Has paternity been established for this child?	
Alaska	Multi-Benefit Application	Alaska must collect child support and medical support from any parent who has the duty to pay support for a child receiving Alaska Temporary Assistance or Medicaid. This includes any money owed to you at the time you apply, as well as current and future child support payments. Any child support payments given or paid to you while receiving Alaska Temporary Assistance benefits must be reported and turned over to the State immediately...When you apply for Medicaid or Chronic and Acute Medical Assistance you must cooperate with and assist the department in identifying and providing information concerning third parties who may be liable to pay for care and services received for you or your minor children [and] cooperate with Child Support Services Division (CSSD) in establishing paternity.	
	Child-Only Application	Division of Public Assistance staff can help your children get medical coverage from non-custodial parents. You will be asked to cooperate with this effort by completing additional forms from the Child Support Services Division (CSSD). Please list the name, SSN, and birth date (if known), of each non-custodial parent of a child in your home. You do not have to fill out CSSD forms if your child has medical insurance coverage through a parent or is covered by Tribal or Indian Health Services. You also do not have to cooperate with CSSD if you have good cause to fear that cooperating would put you or your children at risk of harm. Claiming good cause is the only way to assure that CSSD does not pursue medical support. Claiming good cause does not affect a child's eligibility for Denali KidCare. When I apply for Denali KidCare, I understand I must...Assign the State of Alaska all rights to any medical support or other third party payment to the extent the department has paid medical assistance for care and services for me or my minor children; Cooperate with Child Support Services Division (CSSD) in obtaining medical support and establishing paternity for each child who has a parent who is not residing in the home, unless Denali KidCare determines that I do not need to cooperate.	Y
Arizona	Family Application	We use your information, including SSNs, to establish and enforce child support and medical support orders...AHCCCS cannot collect more than the costs paid by AHCCCS. I must give information about other responsible parties and take any action needed to receive medical support. This includes establishing paternity of my children, unless I can prove good cause not to do so.	Y
Arkansas	Multi-Benefit Application		
	Child-Only Application	I authorize any holder of medical or other information about me to release information needed for an ARKids claim to DHS. I further authorize release of any information to other parties who may be liable for my medical expenses. As an eligibility condition, I automatically assign my right to any settlement, judgment, or award which may be obtained against any third party to DHS to the full extent of any amount which is paid by DHS for my behalf. I authorize and request that funds, settlement or other payments made by or on behalf of third parties, including tortfeasors or insurers arising out of an ARKids claim, be paid directly to DHS.	
California	Multi-Benefit Application	Does anyone have any health insurance available from a parent, employer, or absent parent, which has not been applied for?	
	Family Application	I have the responsibility to...cooperate with appropriate paternity determinations and medical support enforcement efforts & assign rights to medical support to the State of California.	
	Child-Only Application	I understand that as a condition of Medi-Cal eligibility, all rights to medical support and third party payments are automatically assigned to the State of California.	
Colorado	Multi-Benefit Application	Do any of the children living in the home have an absent parent? If yes, have you tried to obtain medical support from the child's absent parent? If there is an absent parent(s) from my home and I am applying for Medicaid, I must seek medical support from the absent parent(s). I may contact Child Support Enforcement for assistance...If I do not do this or refuse to cooperate with Child Support Enforcement at the time I apply or while receiving cash assistance through Colorado Works, without good cause, I will not receive assistance or a basic cash assistance grant for my family.	Y
	Family Application	Does this child have an absent parent? If yes, have there been steps to obtain medical support for the child's absent parent? If there is an absent parent(s) from my home and I am applying for Medicaid, I must seek medical support from the absent parent(s). I may contact Child Support Enforcement for assistance.	
Connecticut	Multi-Benefit Application	By applying for assistance, I assign my right of support from third parties to the department (section 1912 of the Social Security Act). I also understand that, if I am in a nursing facility or if I am applying for home and community-based services, and I want to assign my support rights, I must sign an additional assignment of support (section 1924 of the Social Security Act)	Y
	Family Application	Do you agree to cooperate with the Child Support Division to seek medical support for your children from a parent who does not live in the home? If you do not want to cooperate, is the reason a fear of abuse by the parent who is not in the home? Do you want us to help you obtain child support? If you are a parent or a caretaker relative living with a child and you want health coverage for yourself, you must agree to cooperate with child support. This means that you will give us information about parents who do not live in the home and help us pursue medical support. If you do not agree to cooperate, you cannot get HUSKY or Charter Oak coverage for yourself, however, your children can still qualify for HUSKY. You may ask for an exemption from this requirement if you feel there is a threat of domestic violence. Even if you do not want health coverage for yourself, we can help you obtain child support.	Y

**Table 5
Medical Support Language on Medicaid and CHIP Applications, February 2013**

State	Application Type	Medical Support Language	Good Cause Exemption
Delaware	Multi-Benefit Application	As required by law as a condition of eligibility I assign all rights to medical support and to payment for medical care from any third party to DSS and I understand I must cooperate with the Division of Child Support Enforcement (DCSE) in establishing paternity and obtaining medical support for any child receiving medical assistance. If I do not cooperate with DCSE, my child(ren) may still be eligible. I understand that pregnant women are not required to cooperate in establishing paternity and obtaining medical support and that I may claim to have good cause for refusing to cooperate in establishing paternity or in identifying and providing information about liable third parties. I understand that as a medical assistance recipient I will automatically receive full child support services from DCSE, unless I state that I want to receive only child support services related to medical support.	Y
	Family Application	Does a parent of any of the children applying live out of the home? As required by law as conditions of eligibility I assign all rights to medical support and to payment for medical care from any third party to DSS and I understand I must cooperate with the Division of Child Support Enforcement (DCSE) in establishing paternity and obtaining medical support for any child receiving medical assistance. If I do not cooperate with DCSE, my child(ren) may still be eligible. I understand that pregnant women are not required to cooperate in establishing paternity and obtaining medical support and that I may claim to have good cause for refusing to cooperate in establishing paternity or in identifying and providing information about liable third parties. I understand that as a medical assistance recipient I will automatically receive full child support services from DCSE, unless I state that I want to receive only child support services related to medical support.	Y
	CHIP Application	As required by law as conditions of eligibility I assign all rights to medical support and to payment for medical care from any third party to DSS and I understand I must cooperate with the Division of Child Support Enforcement (DCSE) in establishing paternity and obtaining medical support for any child receiving medical assistance. If I do not cooperate with DCSE, my child(ren) may still be eligible. I understand that pregnant women are not required to cooperate in establishing paternity and obtaining medical support and that I may claim to have good cause for refusing to cooperate in establishing paternity or in identifying and providing information about liable third parties. I understand that as a medical assistance recipient I will automatically receive full child support services from DCSE, unless I state that I want to receive only child support services related to medical support.	Y
District of Columbia	Multi-Benefit Application	We can help you get child support. Please tell us about any absent parents. However, you could have a good reason for not telling us about an absent parent. If you are afraid that an absent parent might hurt you or someone in your family, then you have a good reason. If you have a good reason, then you do not have to give any information now. Do you have a good reason for not telling us about an absent parent? If NO, then you need to fill in the information below. Please give as much information as you can. Child Support: You agree to cooperate fully with the DC Child Support Services Division (CSSD) in establishing paternity and getting child and medical support as required by law. You can apply for an exception to this if you have a good reason. However, you can lose your benefits if you do not cooperate without a good reason.	Y
Florida	Multi-Benefit Application	Do you want Child Support Enforcement services if not approved for benefits? You have the responsibility to: assign your rights to child support to the state and cooperate with child support Enforcement (CSE) in establishing paternity and obtaining support from an absent parent.	Y
	Child-Only Application		
Georgia	Multi-Benefit Application		
	Family Application	Does the Father of this child live in your home? Does the Mother of this child live in your home? I agree to assign to the state all rights to medical support and third party support payments (hospital and medical benefits). I agree to give the State the right to require an absent parent provide medical insurance, if available. I understand I must get medical support from the absent parent if it is available and must cooperate with the Division of Child Support Services in obtaining this support. If I do not cooperate, I understand I may lose my Medicaid benefits, and only my children will receive benefits unless good cause is established.	Y
	CHIP Application	I agree to assign to the state all rights to medical support and third party support payment (hospital and medical benefits).	
Hawaii	Family Application	Is anyone who wants medical assistance 0-18 years old and has an absent or deceased parent? (you may be asked to complete more forms). I will give to the State of Hawaii any health insurance payments or other money received for medical care for the time anyone in my household receives assistance. If I do not cooperate because I believe it may not be in the best interest of my household, I must provide information to support this. Without good cause, it will not affect my children's medical assistance, however I may not be eligible for medical assistance unless I am pregnant.	Y
	Child-Only Application	I will give to the State of Hawaii any health insurance payments or other money received for medical care for the time anyone in my household receives assistance. If I do not cooperate because I believe it may not be in the best interest of my household, I must provide information to support this. Without good cause, it will not affect my children's medical assistance, however I may not be eligible for medical assistance unless I am pregnant.	Y
Idaho	Multi-Benefit Application	If you have any children in your home, do any of them have a parent NOT living with them? If you answered yes, you will be required to give information about the absent parent(s) to Child Support Services and open a Child Support case unless you fear harm to yourself or your children. By applying for medical services you may be referred to Child Support Services for medical support; by applying for cash assistance, you may be required to cooperate with Child Support Services. If your household includes minor children and one or both parents are not living in the home, and you would like help obtaining a child support order, call 1-800-356-9868. A fee may be required for this service.	Y

**Table 5
Medical Support Language on Medicaid and CHIP Applications, February 2013**

State	Application Type	Medical Support Language	Good Cause Exemption
Illinois	Multi-Benefit Application	As a condition of eligibility, if I am approved for TANF Cash and/or medical assistance for myself and my children, I understand that I may be required to cooperate with child support enforcement. Cooperation includes establishment of paternity and/or support enforcement and modification of child support orders. I assign and give all my rights, title and interest of child support and medical support to the Illinois Department of Healthcare and Family Services as long as I receive TANF Cash/or medical assistance....If I am approved for TANF Cash and/or medical benefits for myself and my children, and the State of Illinois pays medical bills for me, I give my right to collect medical support payments to the State of Illinois. I understand I must help to obtain medical support payments for members of my family unless I have a good reason not to. My children can get health insurance even if I do not help when the Department asks me to.	Y
	Family Application	If we pay medical bills for you, you give your right to collect medical support payments to the State of Illinois. You must help us if we ask you to establish paternity or obtain medical support payments for members of your family. You may not have to do this if you have a good reason not to. Your children can get health insurance even if you do not help us when we ask you to help.	Y
Indiana	Child-Only Application	Your rights to payments for medical care are assigned to the State of Indiana if you are found eligible for benefits. This includes rights to medical support and payment for medical care that you have on behalf of yourself and your dependents who are approved for benefits...You must cooperate as required by the Child Support Office to establish paternity and obtain medical support. The establishment of paternity is an important service for Hoosier Healthwise members that benefits children who do not have legal fathers...If you and your children are found eligible for Hoosier Healthwise, we will forward information to the Child Support Office or your local county prosecutor and they will help you with the next steps...Your children's eligibility for Hoosier Healthwise will not be affected if you do not cooperate in establishing paternity or with other medical support requirements.	
Iowa	Family Application	Is the Child Support Recovery Unit already helping you get or enforce a child support or a medical support? If no, it can help you get child support or health insurance from an absent parent. They can also help locate absent parents and their employer, establish paternity, or modify support orders. Do you want referred for help with any of these items? I agree to assign medical payments from a third party to the state for myself and others who are eligible for Medicaid, for whom, I legally can assign benefits. I also agree to cooperate in obtaining medical payments from third parties.	
	CHIP Application	I agree to assign medical payments from a third party to the state for myself and others who are eligible for Medicaid, for whom, I legally can assign benefits. I also agree to cooperate in obtaining medical payments from third parties	
Kansas	Family Application	I agree to turn over any medical support payments for all persons receiving medical assistance if adults in the household are determined eligible for medical assistance; to help Child Support Services (CSS) in establishing and enforcing support orders (if needed) if adults in the household are determined eligible for medical assistance.	
Kentucky	Multi-Benefit Application		
	CHIP Application	If my child is approved for medical benefits through KCHIP or Medicaid, I assign all insurance and medical support benefits to Medicaid. If Medicaid pays my child's medical bills, then my insurance or other benefits (such as lawsuit settlements) must be used to pay Medicaid back. I agree to help and cooperate with Medicaid in identifying and collecting this money.	
Louisiana	Family Application	You understand that DHH will only send case information to Child Support Enforcement for medical support if you ask them to. DHH will make a referral if parents of children under age 19 get Medicaid. You can request that DHH not refer you Child Support Enforcement if you feel you have good cause not to cooperate with Support Enforcement.	Y
Maine	Multi-Benefit Application		
	Family Application		
Maryland	Multi-Benefit Application	Please list name of absent parent, relationship of absent parent to you. When I am eligible for Medical Assistance: I assign all rights, title, and interest in medical support and health insurance payments I may have for myself or any person receiving Medical Assistance. This includes overdue medical support or health insurance payments that have not been collected. I agree to have the child support agency collect medical support payments owed to me and to keep up to the amount of Medical Assistance payments that were made for me. I agree to give the State of Maryland any medical support or health insurance payments I receive. I will cooperate to the best of my ability and knowledge with the child support agency while I am receiving TCA and Medical Assistance. If I do not cooperate with the child support agency, I may lose all my benefits and my case may be closed.	Y
	Family Application	When I am eligible for MA/MCHP, I assign all rights, title, and interest in medical support and health insurance payments I may have for myself or any person receiving MA/MCHP. I agree to have the child support enforcement agency collect medical support payments owed on behalf of any child receiving MA/MCHP payments that were made. I agree to give the State of Maryland medical support or health insurance payments I receive. I will cooperate to the best of my ability and knowledge with the child support enforcement agency while I am receiving MA/MCHP. Unless I am exempt or the State finds that I have good cause, I may lose all my benefits and my case may be closed if I do not cooperate with the child support enforcement agency. However, no child's case would be closed.	
	Child-Only Application	Third Party Payments and Cooperation with Quality Control Review I understand that I am required by law to assign to the State all rights to medical support and other third party payments (hospital and medical benefits) and to cooperate with the State's Medical Assistance quality control review process including verification of all information pertinent to the determination of eligibility.	

**Table 5
Medical Support Language on Medicaid and CHIP Applications, February 2013**

State	Application Type	Medical Support Language	Good Cause Exemption
Massachusetts	Family Application	<p>Has any child in the household been adopted by a single parent or has a parent who is deceased or unknown? Does any child in the family have a parents who does not live with you who is not included in the previous question? If you answered yes to either of these questions, you must fill out Supplement B.</p> <p>To get MassHealth for you and a child who is living with you, you must cooperate with the Child Support Enforcement Division of the Massachusetts Department of Revenue (DOR) to establish paternity and enforce a medical-support order, unless you have Good Cause not to cooperate. You must also assign your rights for medical support to MassHealth. Cooperation means that you may have to give information about the identity, location, and employment of the absent parent, appear for appointments with DOR staff and the Court, submit to paternity testing, give information, and take any other action necessary to help DOR in establishing paternity, and establishing, changing, or enforcing a child medical-support order. "Good Cause" is a legal term that means if you cooperated by giving us information about the absent parent, it would not be in the best interests of the child for any of the reasons listed in Part C. If you think that you have Good Cause for not cooperating, fill out Part C- good Cause- below, and do not fill out Part D- Absent Parent Information. If you do not want to make a Good Cause claim, and you do not cooperate by filling out Part D - Absent-Parent Information -on the next page, your MassHealth eligibility could be affected.</p>	Y
Michigan	Multi-Benefit Application	If you get MA for your children, you give (assign) your rights to current and past medical support to the Michigan Department of Community Health (MDCH). This means when you get MA, medical support payments you get from someone else will go to MDCH.	Y
Minnesota	Multi-Benefit Application	If you are applying for health care for yourself and your children and you do not live with the other parent, you may have to give information about the other parent to child support staff. Child support staff may use this information to pursue medical support for your children. You do not have to give this information if you are only applying for your children or are pregnant...You have the right to claim "good cause" for not cooperating with child support enforcement.	Y
	Family Application	If you are applying for yourself and your children and you do not live with the other parent, the law says that you may have to give information to child support staff. Your children will still get coverage if you do not help child support, but you may not get coverage unless you are pregnant. If you are afraid the other parent may cause harm to you or your child, you can give proof to support your fears. We will review your proof and tell you if you still need to give information about the other parent.	Y
Mississippi	Family Application	If you are an adult (not pregnant) applying for Medicaid, you are required to cooperate with child support services in order for you to get Medicaid for yourself (your children's eligibility will not be affected if you choose not to cooperate). You must cooperate unless the Department of Human Services tells us you have good reason not to cooperate. Do you agree to cooperate? NOTE: Assistance in establishing paternity and obtaining support is available for Medicaid-eligible children through the Department of Human Services. If you are not required to cooperate as a condition of eligibility, you can request to be referred for child support services. You must tell us if you want this service.	Y
Missouri	Family Application	Absent Parent Information. Do you have good reason for not cooperating in obtaining support for medical care. If yes, please explain. The law requires cooperation with Child Support Enforcement in obtaining payment for medical care. This means you must cooperate in identifying the absent parent, helping locate the absent parent, helping to establish paternity and other necessary action. Failure to cooperate does not affect your child's eligibility for MO HealthNet coverage. Your eligibility may be affected if you fail to cooperate. Your cooperation may be of value to you and your child because it might result in finding the absent parent, legally establishing the child's paternity, and obtaining child support payments and rights to future Social Security, Veteran's, or other governmental benefits. If you feel it is not in your child's best interest to pursue medical support from the absent parent, for example, past abuse or threat of abuse, check "yes" in Question #1. You may have "good cause" for not cooperating if your cooperation could result in physical or emotional harm to the child or to you. You will be asked to provide evidence to support your claim.	Y
Montana	Multi-Benefit Application	If approved for TANF cash assistance, my (our) rights to medical and child support are automatically assigned to the State of Montana. If approved for Medicaid under certain family-related programs, my (our) rights to medical support are automatically assigned to the State of Montana.	
	CHIP Application	Is health insurance available to any child in your home, including through an absent parent?	
Nebraska	Multi-Benefit Application	As a condition of eligibility, ADC, Foster Care and Child Care Subsidy recipients are required to receive CSE services and do not have the option to refuse any of these services. The CSE office will mail you a document that outlines your Rights and Responsibilities as they apply to the Nebraska CSE Program. Medicaid recipients are required to receive CSE services related to securing medical support, including the establishment of paternity when appropriate. Medicaid recipients do have the option of refusing other CSE services, but the Medicaid recipient must notify CSE that they are requesting only IV-D services that relate to securing medical support... If You Do Not Cooperate and You Do Not Have Good Cause: You risk the penalties of: 25% reduction of your ADC grant, and No medical assistance for yourself; Loss of child care subsidy benefits	Y
	Child-Only Application	Individuals who receive Medical Assistance (Medicaid) assign to the Department of Health and Human Services (DHHS) their right to any medical support or other payment for medical care, agree to cooperate with DHHS in obtaining any available third party such as insurance payment or court settlement	

**Table 5
Medical Support Language on Medicaid and CHIP Applications, February 2013**

State	Application Type	Medical Support Language	Good Cause Exemption
Nevada	Multi-Benefit Application	Complete one form for each parent who does not live with the child(ren) for whom you are requesting assistance. For example, if you have two children and each have a different father/mother, you need to complete two forms. If you are not the parent of the child(ren) you are requesting assistance for, you need to complete one form for the absent mother and one form for the absent father. Do not leave any question blank Are there other possible fathers? Existing child support order? Information on the children for this absent parent? Did the mother have sexual relations with another man (not named above), during 30 days before or after when pregnancy began for this child? All cases for Temporary Assistance for Needy Families (TANF) and medical programs where the adult and child(ren) receive Medicaid must be referred for Child Support Enforcement. I understand if there is no adult in my family receiving medical assistance, and I would like to receive Child Support Enforcement services, I must submit an application for assistance with the appropriate state or county child support agency....Good cause for not cooperating in pursuing child support or paternity may be allowed. If you do not cooperate with Child Support Enforcement and good cause to not cooperate has not been determined, your household will be ineligible for TANF and you will be ineligible for Medicaid.	Y
	CHIP Application	If any of my household members receive Nevada Check Up, I agree to assign all rights to any medical claims, medical support or other payments for medical care. I understand this is a condition of being eligible for Nevada Check Up. I agree to cooperate with the Department of Health and Human Services in obtaining payments for medical care from any third party or person who may be liable for the medical services paid for by the Nevada Check Up Program.	Y
New Hampshire	Multi-Benefit Application	Receipt of Children's Medicaid is an assignment of medical child support rights. This means that you must cooperate with DHHS to establish and enforce medical child support for your children. Medical child support usually means health insurance provided by the absent parent, but can also be an ongoing dollar amount paid by the other parent to allow you to buy health insurance for your children.	
New Jersey	Family Application		
New Mexico	Multi-Benefit Application	Please list all the information for absent parents not living with their children...By accepting Cash or Medical Assistance, you assign (give) HSD rights to collect child support from the child's absent parents. You must help HSD find the absent parent(s) unless there is a good reason not to do such as domestic violence; ask ISD. If it is decided that you have to work with the Child Support Office to establish or enforce child support and you do not, cash benefits may be reduced and eventually lost, and adults may lose their medical assistance.	Y
	Family Application	I understand that by getting JUL or CHIP Medicaid benefits for myself and/or other persons, I automatically give HSD all rights to medical support and payment for medical care from a third party. A third party can include an absent parent, an insurance company, or another person who must pay for medical care and services. I understand that I must help HSD: -Identify the father of a child who gets Medicaid; and Identify and third parties who may have to pay for medical care and services. I understand that if I do not help HSD, I may not get Medicaid benefits or may lose my benefits, unless I can show a good reason for not helping HSD. By accepting medical assistance for your children, you assign HSD rights to collect child support from an absent parent. Please list all the information for your children's parent(s) that are not living with you.	Y
New York	Multi-Benefit Application	If you are applying for Medical Assistance only , you may have to help us obtain medical support for yourself and your applying children.	
	Family Application	I am giving to the agency all of my rights to pursue and receive medical support from a spouse or parents of persons under 21 years old and my right to pursue and receive third party payments for the entire time I am in receipt of benefits	Y
North Carolina	Family Application	The Child Support Agency can help get financial and medical help for the child from the child's absent parent. If you seek assistance from the Child Support Agency, the courts can establish paternity and establish and enforce medical and financial support obligations. There are other benefits to working with the Child Support Agency. For example, your child may be eligible for other financial benefits, including Social Security, pension benefits, veteran's benefits and possible inheritance. Also, your child may benefit by having a bond between parent and child. Finally, your child may benefit by getting important medical history information. If you want the Child Support Agency's help in establishing paternity or in getting a financial or medical support order through the court, check the "Yes" box. If you check the box, someone will contact you.	
North Dakota	Multi-Benefit Application		
	Family Application	The Child Support Enforcement Division (CSED) may help children get medical coverage from parents who do not live in the home and who are or can be court ordered to provide medical coverage. If a child is eligible for Medicaid and a parent is absent from the home, a referral to CSED may be made. A referral will not be made for children who are eligible for Healthy Steps (Children's Health Insurance Program). If you have a child eligible for the Healthy Steps (Children's Health Insurance Program) and would like assistance from the CSED, please contact them at 1-800-231-4255. If you are interested in Medicaid coverage for yourself or your children and do not want assistance from CSED because your cooperation might not be in the best interest of your child (example: domestic violence situation), you may claim "good cause." If you claim "good cause," you will be asked to provide additional information so "good cause" can be established. If you choose not to cooperate with CSED efforts and you have not claimed 'good cause' or your claim of "good cause" has been denied, you will not be eligible for Medicaid coverage. However, children will continue to be eligible for Medicaid or Healthy Steps coverage, provided they meet all other program requirements.	Y
Ohio	Multi-Benefit Application	If you are approved for Medicaid for yourself or your children, you may be required to cooperate with the child support enforcement agency (CSEA) in establishing paternity or establishing and enforcing a child support order that includes medical support. If you are required to cooperate with the CSEA, a referral will be submitted to the CSEA on your behalf. If you are required to cooperate but refuse to do so, you may lose coverage for yourself. Your children would still be covered.	

**Table 5
Medical Support Language on Medicaid and CHIP Applications, February 2013**

State	Application Type	Medical Support Language	Good Cause Exemption
Oklahoma	Multi-Benefit Application		
	Family Application	Do you want the Child Support Office to seek full or medical support from this absent parent? Yes, I want full child support services; I only want child support for medical services such as health insurance; No, I do not want child support services; I think I have good reason for not cooperating with OK Child Support Services. Adults who want full health benefits are required by federal law to cooperate with the child support office to get medical support established for any of their children whose other parent is not in the home. I agree to cooperate in establishing medical support. I understand that if I feel that I have good cause for not cooperating, I can contact my local child support office to request good cause consideration. I also understand that I can contact my local child support office to ask that my home address or location not be released if <i>there is a fear of family</i> .	Y
Oregon	Multi-Benefit Application	If anyone in your household is expecting a child, is the father living in the house? Do any of the children's parents live outside the child's home? If yes, please list parent(s) even if the child has not been born yet. Also, list your parents if you are under 18 and not living with them Important- by applying for services, you are letting us establish paternity and pursue health care coverage, medical cash support and child support from parents not living in your household unless you think this parent might harm you or the child... NOTE: This does not apply if your children are receiving CHIP benefits or Healthy KidsConnect benefits	Y
Pennsylvania	Multi-Benefit Application	I will cooperate with the requirements of the child support enforcement program as directed by the Department of Public Welfare (DPW). If I receive cash and/or Medical Assistance benefits, I give the state and/or the Domestic Relations Section the right to pursue and collect cash and/or medical support for me and others for whom I am applying.	Y
Rhode Island	Multi-Benefit Application		
	Family Application	I understand that by signing below I am assigning to EOHHS/DHS and the Office of Child Support Services (OCSS) rights to pursue and receive medical support from the parent of a child under age 18. Cooperation: I know that I am required to cooperate with OCSS in pursuing this support, but I have the right to claim good cause if I refuse to cooperate. (Rite Care/ Rite Share cannot be denied to eligible children because of their parent's refusal to establish paternity or secure support from absent parents.) I understand that pregnant women are not required to cooperate in establishing paternity and securing medical support for an unborn child.	Y
South Carolina	Family Application	Completion of a Medical Support Referral Form is required on an absent parent(s) if the custodial parent/caregiver relatives want Healthy Connections coverage.	
South Dakota	Family Application	I understand that an application for and acceptance of medical assistance paid from the Department of Social Services shall operate as an assignment and subrogation of any rights to medical support, insurance proceeds, or both that the applicant or recipient may have. Any rights or amounts so assigned or subrogated shall be applied against the cost of the applicant or recipient's care.	
Tennessee	Multi-Benefit Application		
	CHIP Application		
Texas	Multi-Benefit Application	Were these parents ever married to each other? Depending on my benefits case, the Attorney General (the state) might check that I am getting the right amount of child or medical support payments and coverage. If only my child gets Medicaid, I can decide if I want the state to help get any payments and coverage we should get, but don't get right now. If my child and I both get Medicaid, I must: Help the state get any payments and coverage we should get, but don't right now. If I don't help the state, my child can get Medicaid, but I might not. Identify who the child's other parent is. Allow the state to keep any medical support payments. If I get Medicaid, HHSC will keep medical service payments I can get from other sources, such as: My health insurance. Money I got because of injuries. Money collected for me or my children by the Office of Attorney General. Are you afraid that giving facts about the child's other parent might put you or your children in danger? You might not have to cooperate with the Office of Attorney General to collect medical support if you are afraid. You can ask not to give these facts by telling your benefits advisor reasons why this might put you or your child in danger or signing the Good Cause request form.	Y
	Child-Only Application	Medicaid recipients are required to receive CSE services related to securing medical support, including the establishment of paternity when appropriate. Medicaid recipients do have the option of refusing other CSE services, but the Medicaid recipient must notify CSE that they are requesting only IV-D services that relate to securing medical support.... If You Do Not Cooperate and You Do Not Have Good Cause: You risk the penalties of: I 25% reduction of your ADC grant, and I No medical assistance for yourself I Loss of child care subsidy benefits Medical and child support payments Depending on my benefits case, the Attorney General (the state) might check that I am getting the right amount of child or medical support payments and coverage. • If only my child gets Medicaid, I can decide if I want the state to help get any payments and coverage we should get, but do not get right now. • If my child and I both get Medicaid, I must: Help the state get any payments and coverage we should get, but do not right now. If I do not help the state, my child can get Medicaid, but I might not. Identify who the child's other parent is. Allow the state to keep any medical support payments	Y
Utah	Multi-Benefit Application	Parents have the responsibility to support their minor children until they are emancipated by turning age 18, married, or otherwise directed by court order. Parents who receive financial, or medical are required to cooperate with child and medical support orders and collections unless you can provide good cause for not cooperating.	Y
	Family Application	I understand that...I must cooperate with the State to establish medical support for my family, unless I have good cause to not cooperate.	Y

**Table 5
Medical Support Language on Medicaid and CHIP Applications, February 2013**

State	Application Type	Medical Support Language	Good Cause Exemption
Vermont	Family Application	As a condition of eligibility for health care assistance, I agree to assign to the state all rights to medical support and to third party payments (such as insurance) for medical care. I agree to enroll in a group health plan if the state requires me to, and I understand the state may pay the premiums. I also agree to cooperate in pursuing any actual or potential source of support or payments, including establishing paternity for my dependent children, if necessary. I understand that if I do not cooperate, my health care benefits will end although my children's health care benefits will continue.	
Virginia	Multi-Benefit Application	I understand that to receive benefits from the Medicaid/FAMIS PLUS/FAMIS and Refugee Medical Assistance (RMA) programs, I must agree to assign my rights and the rights of anyone for whom I am applying to medical support and other third-party payments to the Department of Medical Assistance Services. If I do not agree to assign my rights, I will be ineligible for Medicaid or RMA.	
	Child-Only Application	You must also provide...a print out from the Division of Child Support Enforcement for last month, or copies of all child support checks received last month, a signed statement from the absent parents stating how much they pay each month	
Washington	Multi-Benefit Application	I understand I must...Assign certain rights to child support and medical support, to the State of Washington when I receive Temporary Assistance for Needy Families (TANF). Assign third party payments for medical care to the State of Washington when I receive medical care benefits. However, I can ask DSHS not to pursue child support, medical support, or third party payments for medical care, if it would endanger me or my children.	Y
	CHIP Application	By asking for and getting health care benefits, you give the state of Washington all rights to any medical support and to any third party payments for health care.	
West Virginia	Multi-Benefit Application	Is there anyone in the household who will not cooperate with obtaining medical support coverage? If yes, who?...Are there children in this household who have a parent who does not live with them? Good cause claimed for not cooperating with Child Support Enforcement?	Y
	CHIP Application		
Wisconsin	Family Application		
Wyoming	Family Application	Are you the custodial parent? Are you currently working with the Child Support Office? Do you want to work with the Child Support Office? When you apply for benefits, a child support case may be opened if needed. If you decide not to work with the Child Support Office, your children may still qualify for Kid Care CHIP or EqualityCare, but your adult health benefits may be denied. This may not apply if your reason for not working with the Child Support Office is that contact with a non-custodial parent may bring harm or danger to your family	Y
	CHIP Application		

Table 6
Disability Screening Questions on Medicaid and CHIP Applications, February 2013

State	Application Type	Disability Screen Questions
Total: 85		43
Proposed Streamlined Application		Have a disability? Needs help with activities of daily living through personal assistance services or a medical facility?
Alabama	Family Application	
Alaska	Multi-Benefit Application	
	Child-Only Application	Do any of the children have a severe disability or developmental condition expected to last more than 12 months that requires a level of care that usually would be provided in a skilled nursing facility, in-patient psychiatric hospital, or an intermediate care facility for the mentally retarded? If yes, who?
Arizona	Family Application	Is anyone unable to work because of a medical condition that has lasted or may last 12 months, or will result in death?
Arkansas	Multi-Benefit Application	Are you or anyone else in your household disabled?
	Child-Only Application	Does any child you are applying for have a chronic illness or disability? (special health care need)?
California	Multi-Benefit Application	Blind, deaf, disabled?
	Family Application	Does anyone have a physical, mental, or emotional disability? How long is the disability expected to last?
	Child-Only Application	Does any child or other person in the home have a physical, mental, emotional, or developmental disability and want Medi-Cal? (If you answer Yes, we will contact you to see if you qualify.)
Colorado	Multi-Benefit Application	Does anyone in your home have a disability? If yes, who is disabled?
	Family Application	Does anyone in the household or for whom you are applying have a medical or developmental condition which has lasted, or is expected to last more than 12 months? Person's Name? If yes, has the household member applied for SSI?
Connecticut	Multi-Benefit Application	
	Family Application	Does anyone listed receive SSI or have a disability?
Delaware	CHIP Application	
	Family Application	Is anyone in the household severely disabled or lost SSI?
	Multi-Benefit Application	Is he/she unable to work due to medical reasons?
District of Columbia	Multi-Benefit Application	Is anyone in your household blind or severely disabled? If yes, who? To get Medical Assistance and Interim Disability Assistance (IDA), you may need to show that you are blind or disabled. Please get a Medical Form and have a doctor fill it out.
	Child-Only Application	Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do? Does this child need or use more medical care, mental health or educational services than is usual for most children of the same age?
Florida	Multi-Benefit Application	Has anyone been determined disabled by Social Security or the State of Florida? Is anyone claiming to be disabled who has not already been determined disabled by Social Security or the state of Florida?
	Child-Only Application	
Georgia	Multi-Benefit Application	
	Family Application	
	CHIP Application	
Hawaii	Family Application	Is anyone blind, disabled, or 65 years old or older?
	Child-Only Application	Is anyone blind or disabled?
Idaho	Multi-Benefit Application	List anyone in your home that has a disability.
Illinois	Multi-Benefit Application	
	Family Application	
Indiana	Child-Only Application	Are any of the applicants blind or disabled?
Iowa	CHIP Application	Use this area if you need more room to answer any of the questions or to tell us if any of your children are disabled.
	Family Application	
Kansas	Family Application	
Kentucky	CHIP Application	
	Multi-Benefit Application	
Louisiana	Family Application	A disability is a physical or mental impairment that lasts for at least one year or is expected to result in death. Does this person have a disability?
Maine	Multi-Benefit Application	
	Family Application	Check here if anyone has a disabling condition or is applying for the Limited Benefits Program. <i>(There may be special help available to you.)</i>
Maryland	Multi-Benefit Application	Are you or anyone else in your household disabled?
	Family Application	Are you or anyone in your household disabled? Disability?
	Child-Only Application	

Table 6
Disability Screening Questions on Medicaid and CHIP Applications, February 2013

State	Application Type	Disability Screen Questions
Massachusetts	Family Application	Do you or any family member have any injury, illness, or disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months? (if legally blind, answer yes.) If you answered yes , you must fill out Supplement A.
Michigan	Multi-Benefit Application	List anyone applying for assistance who is physically or mentally unable to work full-time.
Minnesota	Multi-Benefit Application	Is anyone blind, or does anyone have a physical or mental health condition that limits the ability to work or perform daily activities?
	Family Application	
Mississippi	Family Application	
Missouri	Family Application	Do any of your children have a medical condition that left untreated would result in the death or serious physical injury of the child?
Montana	Multi-Benefit Application	Is anyone in your home disabled or unable to work?
	CHIP Application	
Nebraska	Multi-Benefit Application	
	Child-Only Application	
Nevada	Multi-Benefit Application	Are you or any persons in your household blind, disabled, or unable to work due to illness or injury? If yes, who? When did this condition begin? What is the disability?
	CHIP Application	Is this child disabled and receiving SSI?
New Hampshire	Multi-Benefit Application	Is anyone in your household blind or disabled?
New Jersey	Family Application	
New Mexico	Multi-Benefit Application	
	Family Application	
New York	Multi-Benefit Application	Indicate if you or anyone who lives with you who is applying is blind, sick, or disabled.
	Family Application	Are you disabled?
North Carolina	Family Application	
North Dakota	Multi-Benefit Application	List household members who are disabled.
	Family Application	List anyone who has a disability (including children) or has a chronic condition such as asthma or diabetes.
Ohio	Multi-Benefit Application	
Oklahoma	Multi-Benefit Application	
	Family Application	
Oregon	Multi-Benefit Application	Does anyone have a disability or a condition that, without treatment, would be life-threatening or would cause permanent loss of function or disability? Does anyone have a disability that makes him/her unable to work at their old job or unable to care for their children? Do any adults for whom you are applying have a mental or physical disability or kidney disorder? If yes, fill out below:
Pennsylvania	Multi-Benefit Application	Is anyone disabled, seriously ill or in need of medical attention? Name? Describe the disability.
Rhode Island	Multi-Benefit Application	
	Family Application	
South Carolina	Family Application	Are you disabled?
South Dakota	Family Application	
Tennessee	Multi-Benefit Application	
	CHIP Application	
Texas	Multi-Benefit Application	Does anyone have a disability?
	Child-Only Application	
Utah	Multi-Benefit Application	Does someone in your home have a major medical need? Pregnancy is considered a major medical need.
	Family Application	Is any adult in your household unable to work? (injury, illness, cancer, kidney disease, etc.) If yes, explain. Has anyone in your household been determined disabled by Social Security? If yes, who:
Vermont	Family Application	Does anyone have a physical, mental, or emotional disability that limits activities such as working, going to school, or taking care of the children?
Virginia	Multi-Benefit Application	
	CHIP Application	
Washington	Multi-Benefit Application	
	CHIP Application	
West Virginia	Multi-Benefit Application	
	CHIP Application	
Wisconsin	Family Application	
Wyoming	Family Application	
	CHIP Application	