



Please print in capital letters using black or dark blue ink only.  
Fill in the circles (○) like this → ●.

## STEP 1: Tell us about yourself.

(We need one adult in the family to be the contact person for your application.)

1. First name	Middle name	Last name	Suffix
<input type="text"/>			
2. Home address (Leave blank if you don't have one.)			3. Apartment or suite number
<input type="text"/>			<input type="text"/>
4. City	5. State	6. ZIP code	7. County, parish, or township
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Mailing address (if different from home address)			9. Apartment or suite number
<input type="text"/>			<input type="text"/>
10. City	11. State	12. ZIP code	13. County, parish, or township
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Daytime phone number		15. Evening phone number	
( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
16. Do you want to get information about this application by email? ..... <input type="radio"/> Yes <input type="radio"/> No			
Email address: <input type="text"/>			

## STEP 2: Tell us about your family.

### Who do you need to include on this application?

Complete the Step 2 pages for every person in your family and household, even if the person has health coverage already. The information in this application helps us make sure everyone gets the best coverage they can. The amount of help or type of program you qualify for is based on the number of people in your family and their incomes. If you don't include someone, even if they already have health coverage, your eligibility results could be affected.

#### For adults who need coverage:

Include these people *even if they aren't applying for health coverage themselves*:

- Any spouse
- Any son or daughter under age 21 they live with, including stepchildren
- Any other person on the same federal income tax return (including any children over age 21 who are claimed on a parent's tax return). You don't need to file taxes to get health coverage.

#### For children under age 21 who need coverage:

Include these people *even if they aren't applying for health coverage themselves*:

- Any parent (or stepparent) they live with
- Any sibling they live with
- Any son or daughter they live with, including stepchildren
- Any other person on the same federal income tax return. You don't need to file taxes to get health coverage.

### Complete Step 2 for each person in your family.

Start with yourself, then add other adults and children. If you have more than 2 people in your family, you'll need to make a copy of the pages and attach them.

You don't need to provide immigration status or a Social Security Number (SSN) for family members who don't need health coverage. We'll keep all the information you provide private and secure, as required by law. We'll use personal information only to check if you're eligible for health coverage.



## STEP 2: PERSON 1 (Start with yourself.)

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

1. First name		Middle name	Last name	Suffix
<div></div>				
2. Relationship to PERSON 1? <b>SELF</b>	3. Are you married? <input type="radio"/> Yes <input type="radio"/> No	4. Date of birth (mm/dd/yyyy) <div></div>		5. Sex <input type="radio"/> Male <input type="radio"/> Female
6. Social Security Number (SSN) <div></div> - <div></div> - <div></div>				
★ A Social Security Number, if available, would help expedite the process.				
7. Do you plan to file a federal income tax return NEXT YEAR? <i>You can still apply for coverage even if you don't file a federal income tax return.</i> <input type="radio"/> YES. If yes, please answer questions a–c. <input type="radio"/> NO. If no, skip to question c. a. Will you file jointly with a spouse? ..... <input type="radio"/> Yes <input type="radio"/> No If yes, write name of spouse: <div></div> b. Will you claim any dependents on your tax return? ..... <input type="radio"/> Yes <input type="radio"/> No If yes, list name(s) of dependents: <div></div> c. Will you be claimed as a dependent on someone's tax return? ..... <input type="radio"/> Yes <input type="radio"/> No If yes, please list the name of the tax filer: <div></div> How are you related to the tax filer? <div></div>				
8. Are you pregnant? ..... <input type="radio"/> Yes <input type="radio"/> No a. If yes, how many babies are expected during this pregnancy? <div></div>				

10. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home? ..... <input type="radio"/> Yes <input type="radio"/> No	
11. Are you a U.S. citizen or U.S. national? ..... <input type="radio"/> Yes <input type="radio"/> No	
12. Are you a naturalized or derived citizen? <i>(This usually means you were born outside the U.S.)</i> <input type="radio"/> YES. If yes, complete a and b. <input type="radio"/> NO. If no, continue to question 13. a. Alien number: <div></div> b. Certificate number: <div></div> After you complete a and b, SKIP to question 14.	
13. If you aren't a U.S. citizen or U.S. national, do you have eligible immigration status? <input type="radio"/> YES. Enter document type and ID number. See instructions.	
Immigration document type	Status type (optional) Write your name as it appears on your immigration document.
<div></div>	<div></div>
Alien or I-94 number <div></div>	Card number or passport number <div></div>
SEVIS ID or expiration date (optional) <div></div>	Other (category code or country of issuance) <div></div>
a. Have you lived in the U.S. since 1996? ..... <input type="radio"/> Yes <input type="radio"/> No	
b. Are you, or your spouse or parent, a veteran or an active-duty member of the U.S. military? ..... <input type="radio"/> Yes <input type="radio"/> No	
14. Do you want help paying for medical bills from the last 3 months? ..... <input type="radio"/> Yes <input type="radio"/> No	
15. Do you live with at least one child under the age of 19, and are you the main person taking care of this child? <i>(Select "yes" if you or your spouse takes care of this child.)</i> ..... <input type="radio"/> Yes <input type="radio"/> No	
16. Tell us the names and relationships of any children under 19 that live with you in your household: <div></div>	
17. Are you a full-time student? ..... <input type="radio"/> Yes <input type="radio"/> No	
18. Were you in foster care at age 18 or older? ..... <input type="radio"/> Yes <input type="radio"/> No	

Optional: <i>(Fill in all that apply.)</i>	19. Race: <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Asian Indian <input type="radio"/> Chinese <input type="radio"/> Vietnamese <input type="radio"/> Other Asian <input type="radio"/> Native Hawaiian <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Pacific Islander <input type="radio"/> Other _____

**STEP 2: PERSON 1** (Continue with yourself.)**Current job & income information**

☐ **Employed:** If you're currently employed, tell us about your income. Start with question 21.

☐ **Not employed:**  
Skip to question 31.

☐ **Self-employed:**  
Skip to question 30.

**Current job 1:**

21. Employer name

a. Employer address

b. City

c. State

d. ZIP code

22. Employer phone number

23. Wages/tips (before taxes)

\$ ☐ Hourly☐ Weekly☐ Every 2 weeks☐ Twice a month☐ Monthly☐ Yearly

24. Average hours worked each WEEK

**Current job 2:** (If you have additional jobs and need more space, attach another sheet of paper.)

25. Employer name

a. Employer address

b. City

c. State

d. ZIP code

26. Employer phone number

27. Wages/tips (before taxes)

\$ ☐ Hourly☐ Weekly☐ Every 2 weeks☐ Twice a month☐ Monthly☐ Yearly

28. Average hours worked each WEEK

29. In the past year, did you: ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these**30. If self-employed, answer a and b:**

a. Type of work:

b. How much net income (profits once business expenses are paid) will you get from this self-employment this month? *See instructions.*\$ 31. **Other income you get this month:** Fill in all that apply, and give the amount and how often you get it. Fill in here if none. ☐**NOTE:** You **don't** need to tell us about income from child support, veteran's payments, or Supplemental Security Income (SSI).

<input type="radio"/> Unemployment	\$ <input type="text"/>	How often? <input type="text"/>	<input type="radio"/> Alimony received	\$ <input type="text"/>	How often? <input type="text"/>
<input type="radio"/> Pension	\$ <input type="text"/>	How often? <input type="text"/>	<input type="radio"/> Net farming/fishing	\$ <input type="text"/>	How often? <input type="text"/>
<input type="radio"/> Social Security	\$ <input type="text"/>	How often? <input type="text"/>	<input type="radio"/> Net rental/royalty	\$ <input type="text"/>	How often? <input type="text"/>
<input type="radio"/> Retirement accounts	\$ <input type="text"/>	How often? <input type="text"/>	<input type="radio"/> Other income Type: <input type="text"/>	\$ <input type="text"/>	How often? <input type="text"/>

33. **Complete this question if your income changes during the year**, like if you only work at a job for part of the year or receive a benefit for certain months. If you don't expect changes to your monthly income, skip to the next person. ➔

Your total income **this year**\$ Your total income **next year** (if you think it will be different)\$ **Thanks! This is all we need to know about you.**