

STEP 2: PERSON

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 _____		5. Relationship to other applicants (examples: mother, father, daughter, son, etc.)
2. Date of birth (mm/dd/yyyy) _____	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Social Security number (SSN) _____ - _____ - _____		

We need this if PERSON wants health coverage and has an SSN.

6. Does PERSON live at the same address as you? Yes No
If no, list address: _____

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

8. **Race (OPTIONAL—check all that apply.)**

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

9. **Does PERSON plan to file a federal income tax return NEXT YEAR?**
 (You can still apply for health insurance even if you don't file a federal income tax return.)

YES. If yes, answer questions a-c. **NO. If no**, skip to question c.

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

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

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

10. Is PERSON pregnant? Yes No **If yes**, how many babies are expected during this pregnancy? _____

11. **Does PERSON need health coverage?**
 (Even if you have insurance, there might be a program with better coverage or lower costs.)

YES. If yes, answer all the questions below. **NO. If no**, SKIP to the income questions on page 2.

12. Does PERSON have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.)? Yes No **If yes**, you'll need to complete and include Appendix D.

13. Does PERSON live in a medical facility or nursing home? Yes No **If yes**, you'll need to complete and include Appendix D.

14. Does PERSON want help paying for medical bills (paid or unpaid) for medical care received in the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Does PERSON live with at least one child under the age of 19, and are they the main person taking care of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

16. Was PERSON in foster care at age 18 or older? Yes No

a. **If yes**, in which state? _____ b. Were they on Medicaid? Yes No c. How old was PERSON when they left foster care? _____

17. Did PERSON have insurance through a job and lose it within the past 6 months? Yes No

a. **If yes**, end date: _____ b. Reason the insurance ended: _____

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

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

If yes, was PERSON born in the U.S. or a U.S. territory? Yes No **If no**, fill in their information below (if it applies to them).

a. Alien number _____ b. Certificate type _____ c. Certificate number _____

If no, does PERSON have eligible immigration status? Yes No **If yes**, fill in their information below (if it applies to them).

a. Document type _____ b. Document expiration date (mm/dd/yyyy) _____

c. Alien, I-94, or SEVIS ID number _____ d. Card or Passport number _____

e. Has PERSON lived in the U.S. since 1996? Yes No f. Is PERSON or their spouse or parent a veteran or an active-duty member of the U.S. military? Yes No

NEED HELP WITH YOUR APPLICATION? Visit www.medicaid.la.gov or call us at 1-888-342-6207. If you need help in a language other than English, call 1-888-342-6207 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-220-5404.

STEP 2: PERSON (Continue with PERSON)

Current Job & Income Information

Employed

If PERSON is currently employed, tell us about their income. Start with question 20.

Not employed

Skip to question 30.

Self-employed

Skip to question 29.

CURRENT JOB 1:

20. Employer name and address _____ 21. Employer phone number
(_____) _____ - _____

22. Wages/tips (before taxes) Hourly Weekly Every 2 weeks Twice a month Monthly Yearly

\$ _____

23. Average hours worked each WEEK _____

CURRENT JOB 2: (If PERSON has more jobs and you need more space, attach another sheet of paper.)

24. Employer name and address _____ 25. Employer phone number
(_____) _____ - _____

26. Wages/tips (before taxes) Hourly Weekly Every 2 weeks Twice a month Monthly Yearly

\$ _____

27. Average hours worked each WEEK _____

28. In the past year, did PERSON: Change jobs Stop working Start working fewer hours None of these

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

a. Type of work _____

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

\$ _____

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

- | | | | | |
|---|----------|------------------|--|--|
| <input type="checkbox"/> None | | | | |
| <input type="checkbox"/> Unemployment | \$ _____ | How often? _____ | <input type="checkbox"/> Child support | \$ _____ How often? _____ |
| <input type="checkbox"/> Pensions | \$ _____ | How often? _____ | <input type="checkbox"/> Veteran's payments | \$ _____ How often? _____ |
| <input type="checkbox"/> Social Security | \$ _____ | How often? _____ | <input type="checkbox"/> Scholarships/Grants | \$ _____ How often? _____ |
| <input type="checkbox"/> Retirement accounts | \$ _____ | How often? _____ | <input type="checkbox"/> Capital Gains | \$ _____ How often? _____ |
| <input type="checkbox"/> Investments | \$ _____ | How often? _____ | <input type="checkbox"/> Net farming/fishing | \$ _____ How often? _____ |
| <input type="checkbox"/> Alimony received | \$ _____ | How often? _____ | <input type="checkbox"/> Net rental/royalty | \$ _____ How often? _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI) | \$ _____ | How often? _____ | <input type="checkbox"/> Other income | Type: _____
\$ _____ How often? _____ |

31. DEDUCTIONS: Check all that apply, and give the amount and how often PERSON gets it. If PERSON pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

NOTE: You shouldn't include a cost that you already considered in PERSON's answer to net self-employment (question 29b).

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

32. YEARLY INCOME: Complete only if PERSON's income changes from month to month. If you don't expect changes to PERSON's monthly income, skip to the next person.

PERSON's total income **this year** \$ _____ PERSON's total income **next year** (if you think it will be different) \$ _____

THANKS! This is all we need to know about PERSON.



NEED HELP WITH YOUR APPLICATION? Visit www.medicaid.la.gov or call us at 1-888-342-6207. If you need help in a language other than English, call 1-888-342-6207 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-220-5404.