

Children and Family Medical Assistance Supplemental Application



Get help with this form

If you need help completing this form or submitting it to the local Department of Social Services office, please call your local Department of Social Services office and ask for help. A list of local offices can be found at <http://dss.sd.gov/offices/>.

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 information about the individual that is the contact person for your case.)

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

STEP 2: Tell us about the household member requesting medical assistance.

Who do you need to include on this application?

Complete pages 2 and 3 for every household member requesting a medical assistance determination. If you are requesting assistance for more than one person, make copies of pages 2 and 3 or provide the information requested on these pages on a separate piece of paper. Completion of the race and ethnicity section of the application is optional.



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STEP 2: Tell us about the household member requesting medical assistance.

Complete Step 2 for any new household member who needs a Medicaid determination.

1. First name		Middle name		Last name		Suffix							
2. Relationship to Contact Person?		3. Are you married? <input type="radio"/> Yes <input type="radio"/> No		4. Date of birth (mm/dd/yyyy) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>		5. Sex <input type="radio"/> Male <input type="radio"/> Female							
6. Social Security Number (SSN) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>													
<p>We need this if you want health coverage and have an SSN. Even if you don't want health coverage for yourself, providing your SSN can be helpful since it can speed up the application process. We use SSNs to check eligibility for coverage and, if you apply, for help with coverage costs. For help getting an SSN, call Social Security at 1-800-772-1213, or visit socialsecurity.gov. TTY users should call 1-800-325-0778.</p>													
<p>7. Does new member 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></p> <p><input type="radio"/> YES. If yes, please answer questions a-c. <input type="radio"/> NO. If no, skip to question c.</p> <p>a. Will new member file jointly with a spouse? <input type="radio"/> Yes <input type="radio"/> No</p> <p style="margin-left: 20px;">If yes, write name of spouse: <div style="border: 1px solid black; width: 500px; height: 20px;"></div></p> <p>b. Will new member claim any dependents on your tax return? <input type="radio"/> Yes <input type="radio"/> No</p> <p style="margin-left: 20px;">If yes, list name(s) of dependents: <div style="border: 1px solid black; width: 500px; height: 20px;"></div></p> <p>c. Will new member be claimed as a dependent on someone's tax return? <input type="radio"/> Yes <input type="radio"/> No</p> <p style="margin-left: 20px;">If yes, please list the name of the tax filer: <div style="border: 1px solid black; width: 300px; height: 20px;"></div> How are you related to the tax filer? <div style="border: 1px solid black; width: 300px; height: 20px;"></div></p>													
<p>8. Is new member pregnant? Yes <input type="radio"/> No <input type="radio"/> a. If yes, how many babies are expected during this pregnancy? <div style="border: 1px solid black; width: 50px; height: 20px;"></div> Due date: <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p>													
<p>9. Does new member need health coverage? <i>Even if you have coverage, there might be a program with better coverage or lower costs.</i></p> <p><input type="radio"/> YES. If yes, answer all the questions below. <input type="radio"/> NO. If no, SKIP to the income questions on page 3. Leave the rest of this page blank. </p>													
<p>10. Does new member 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</p>													
<p>11. Is new member a U.S. citizen or U.S. national? <input type="radio"/> Yes <input type="radio"/> No</p>													
<p>12. Is new member a naturalized or derived citizen? <i>(This usually means you were born outside the U.S.)</i></p> <p><input type="radio"/> YES. If yes, complete a and b. <input type="radio"/> NO. If no, continue to question 13.</p> <p>a. Alien number: <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div> b. Certificate number: <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div> After you complete a and b, SKIP to question 14.</p>													
<p>13. If new member isn't a U.S. citizen or U.S. national, do they have eligible immigration status? <input type="radio"/> YES. Enter document type and ID number. <i>See instructions.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Immigration document type</td> <td style="width: 20%;">Status type (optional)</td> <td style="width: 60%;">Write your name as it appears on your immigration document.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>								Immigration document type	Status type (optional)	Write your name as it appears on your immigration document.			
Immigration document type	Status type (optional)	Write your name as it appears on your immigration document.											
<p>Alien or I-94 number</p> <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div>				<p>Card number or passport number</p> <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div>									
<p>SEVIS ID or expiration date (optional)</p> <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div>				<p>Other (category code or country of issuance)</p> <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div>									
<p>a. Has new member lived in the U.S. since 1996? <input type="radio"/> Yes <input type="radio"/> No</p> <p>b. Is new member, or new member's spouse or parent, a veteran or an active-duty member of the U.S. military? <input type="radio"/> Yes <input type="radio"/> No</p>													
<p>14. Does new member want help paying for medical bills from the last 3 months? <input type="radio"/> Yes <input type="radio"/> No</p>													
<p>15. Does new member live with at least one child under the age of 19, and is new member 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</p>													
<p>16. Tell us the names and relationships of any children under 19 that live with new member in your household:</p> <div style="border: 1px solid black; height: 40px;"></div>													
<p>17. Is new member a full-time student? <input type="radio"/> Yes <input type="radio"/> No</p>				<p>18. Was new member in foster care at age 18 or older? <input type="radio"/> Yes <input type="radio"/> No</p>									
<p>Optional: <i>(Fill in all that apply.)</i></p> <p>19. If Hispanic/Latino, ethnicity: <input type="radio"/> Mexican <input type="radio"/> Mexican American <input type="radio"/> Chicano/a <input type="radio"/> Puerto Rican <input type="radio"/> Cuban <input type="radio"/> Other _____</p> <p>20. 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 _____</p>													

STEP 2: PERSON 1 (Continue with new member.)

Current job & income information

☐ **Employed:** If new member is currently employed, tell us about their 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 new member has 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 new member: ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these

30. If new member is 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 new member received 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	\$ <input type="text"/>	How often? <input type="text"/>
			Type: <input type="text"/>		

32. **Deductions:** Fill in all that apply, and give the amount and how often new member pays it. If new member 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 child support that new member pays, or a cost already considered in your answer to net self-employment (question 30b).

<input type="radio"/> Alimony paid	\$ <input type="text"/>	How often? <input type="text"/>	<input type="radio"/> Other deductions	\$ <input type="text"/>	How often? <input type="text"/>
<input type="radio"/> Student loan interest	\$ <input type="text"/>	How often? <input type="text"/>	Type: <input type="text"/>		

33. **Complete this question if new member's 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. ➡

New member's total income this year	New member's total income next year (if you think it will be different)
\$ <input type="text"/>	\$ <input type="text"/>

Thanks! This is all we need to know about you.

STEP 3: American Indian or Alaska Native (AI/AN)

1. Is new member an American Indian or Alaska Native?

- ☐ **NO. If no**, continue to Step 4. ☐ **YES. If yes**, have any Native American household members requesting medical assistance ever received a service from Indian Health Services (IHS), Urban Indian Health or tribal healthcare? Yes No

STEP 4: New member's health coverage

1. Is new member offered health coverage from a job?

Check yes even if the coverage is from someone else's job, like a parent or spouse, even if they don't accept the coverage.

- ☐ **YES. Is this a state employee benefit plan?** ☐ Yes ☐ No
☐ **NO.**

2. Is new member enrolled in health coverage now?

- ☐ **YES. If yes**, continue to question 3.
☐ **NO. If no**, SKIP to Step 5.

3. Information about current health coverage. (Make a copy of this page if more than 2 people have health coverage now.)

Write the type of coverage, like employer insurance, COBRA, Medicaid, CHIP, Medicare, TRICARE, VA health care program, Peace Corps, or other.
 (Don't tell us about TRICARE if you have Direct Care or Line of Duty.)

STEP 5: Mail completed application



Mail your completed form to:

A local Department of Social Services office.

A list of local offices can be found online at

<http://dss.sd.gov/offices/>.



If you want to register to vote, you can complete a voter registration form at www.usa.gov.



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