

Medicaid Renewal Form

Section 1: Your contact information

Name (first, middle, last & suffix):			
Email address:			
Home address:		Mailing address:	
City:		City:	
State:	ZIP code:	State:	ZIP code:
Best phone number to reach you:		Other phone number, if you have one:	
<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work		<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Number:		Number:	

Section 2: We need information about who files tax returns.

You can still renew if you do not file tax returns.

Will anyone in the household file a federal tax return next year to report income earned this year ?	
<input type="radio"/> Yes If yes , answer all of the questions below. <input type="radio"/> No If no , answer the question marked with a star ★ below.	
Person 1: Name (first, middle, last & suffix):	Person 2: Name (first, middle, last & suffix):
	<i>This is for a second tax filer in the household:</i>
If this person is filing a joint return, write the name of the spouse:	If this person is filing a joint return, write the name of the spouse:
If this person will claim dependents, write the names of the dependents:	If this person will claim dependents, write the names of the dependents:
★ If anyone will be claimed as a dependent on someone else's tax return, write the name of the tax filer and the dependents. Answer only if different than what you reported above or if you did not fill in any information above.	
Name of tax filer:	Name of dependents:

Section 3: These are the people in your household who get Medicaid and need to renew now.

Person 1: Name (first, middle, last & suffix):	
<input type="radio"/> The _____ has this person's Social Security number. <input type="radio"/> The _____ does not have this person's Social Security number. Indicate it here: ____ - ____ - _____	<input type="radio"/> Check here if this person is no longer living in the household
<i>If this person is an immigrant, for their immigration status:</i>	
<input type="radio"/> You need to fill in the information below. <input type="radio"/> You do not need to fill in the information below because _____ has it. <input type="radio"/> Check here if this person has eligible immigration status and fill in the document type: _____ and ID number: _____.	
Person 2: Name (first, middle, last & suffix):	
<input type="radio"/> The _____ has this person's Social Security number. <input type="radio"/> The _____ does not have this person's Social Security number. Indicate it here: ____ - ____ - _____	<input type="radio"/> Check here if this person is no longer living in the household
<i>If this person is an immigrant, for their immigration status:</i>	
<input type="radio"/> You need to fill in the information below. <input type="radio"/> You do not need to fill in the information below because _____ has it. <input type="radio"/> Check here if this person has eligible immigration status and fill in the document type: _____ and ID number: _____.	
Person 3: Name (first, middle, last & suffix):	
<input type="radio"/> The _____ has this person's Social Security number. <input type="radio"/> The _____ does not have this person's Social Security number. Indicate it here: ____ - ____ - _____	<input type="radio"/> Check here if this person is no longer living in the household
<i>If this person is an immigrant, for their immigration status:</i>	
<input type="radio"/> You need to fill in the information below. <input type="radio"/> You do not need to fill in the information below because _____ has it. <input type="radio"/> Check here if this person has eligible immigration status and fill in the document type: _____ and ID number: _____.	
Person 4: Name (first, middle, last & suffix):	
<input type="radio"/> The _____ has this person's Social Security number. <input type="radio"/> The _____ does not have this person's Social Security number. Indicate it here: ____ - ____ - _____	<input type="radio"/> Check here if this person is no longer living in the household
<i>If this person is an immigrant, for their immigration status:</i>	
<input type="radio"/> You need to fill in the information below. <input type="radio"/> You do not need to fill in the information below because _____ has it. <input type="radio"/> Check here if this person has eligible immigration status and fill in the document type: _____ and ID number: _____.	
Person 5: Name (first, middle, last & suffix):	
<input type="radio"/> The _____ has this person's Social Security number. <input type="radio"/> The _____ does not have this person's Social Security number. Indicate it here: ____ - ____ - _____	<input type="radio"/> Check here if this person is no longer living in the household
<i>If this person is an immigrant, for their immigration status:</i>	
<input type="radio"/> You need to fill in the information below. <input type="radio"/> You do not need to fill in the information below because _____ has it. <input type="radio"/> Check here if this person has eligible immigration status and fill in the document type: _____ and ID number: _____.	

Section 4: We need more information about people not listed in Section 3.

Tell us about anybody else in your household or on your tax return.

Other person: Name (first, middle, last & suffix):		
<input type="radio"/> The _____ has this person's Social Security number. <input type="radio"/> The _____ does not have this person's Social Security number. Indicate it here if this person is applying for health insurance coverage: _____ - _____ - _____ <i>This person may choose not to give the Social Security number if he or she is not applying, but it helps us to have it.</i>		<input type="radio"/> Check here if this person is no longer living in the household
Date of birth (month/day/year):	This person is: <input type="radio"/> Male <input type="radio"/> Female	How is this person related to you?
<input type="radio"/> Check here if this person has Medicaid. <input type="radio"/> Check here if this person does not have Medicaid and wants health insurance coverage.		
Other person: Name (first, middle, last & suffix):		
<input type="radio"/> The _____ has this person's Social Security number. <input type="radio"/> The _____ does not have this person's Social Security number. Indicate it here if this person is applying for health insurance coverage: _____ - _____ - _____ <i>This person may choose not to give the Social Security number if he or she is not applying, but it helps us to have it.</i>		<input type="radio"/> Check here if this person is no longer living in the household
Date of birth (month/day/year):	This person is: <input type="radio"/> Male <input type="radio"/> Female	How is this person related to you?
<input type="radio"/> Check here if this person has Medicaid. <input type="radio"/> Check here if this person does not have Medicaid and wants health insurance coverage.		
Other person: Name (first, middle, last & suffix):		
<input type="radio"/> The _____ has this person's Social Security number. <input type="radio"/> The _____ does not have this person's Social Security number. Indicate it here if this person is applying for health insurance coverage: _____ - _____ - _____ <i>This person may choose not to give the Social Security number if he or she is not applying, but it helps us to have it.</i>		<input type="radio"/> Check here if this person is no longer living in the household
Date of birth (month/day/year):	This person is: <input type="radio"/> Male <input type="radio"/> Female	How is this person related to you?
<input type="radio"/> Check here if this person has Medicaid. <input type="radio"/> Check here if this person does not have Medicaid and wants health insurance coverage.		

Section 5: Tell us about *other* health insurance coverage people have.

Include anyone in Sections 3 and 4 with Medicaid and anyone who is applying for health insurance coverage.

Name of insurance company:	
Type of insurance: <input type="radio"/> Medicare <input type="radio"/> Tricare <input type="radio"/> Veteran's health coverage <input type="radio"/> Other insurance:	Policy number:
List everyone who is on this policy:	
Name of insurance company:	
Type of insurance: <input type="radio"/> Medicare <input type="radio"/> Tricare <input type="radio"/> Veteran's health coverage <input type="radio"/> Other insurance:	Policy number:
List everyone who is on this policy:	
<input type="radio"/> Check here if anyone on this form is offered health insurance through a job, even if they are not enrolled in it. <input type="radio"/> Check here if any of the insurance plans you listed is a state employee benefit plan.	

Section 6: Tell us more about the people listed on this form.

If anyone who is renewing or applying for health insurance coverage has a medical, mental health, or substance use condition that limits his or her ability to work, go to school, or take care of daily activities (like bathing or dressing), write his or her name here.

Name (first, middle, last & suffix):

Name (first, middle, last & suffix):

If anyone who is renewing or applying for health insurance coverage lives in a long term care facility, group home, or nursing home, or regularly gets medical care, personal care, or health services at home or in another community setting (like adult day care), write his or her name here.

Name (first, middle, last & suffix):

Name (first, middle, last & suffix):

If anyone who is renewing or applying for health insurance coverage is blind or terminally ill, write his or her name here.

Name (first, middle, last & suffix):

Name (first, middle, last & suffix):

If anyone who is renewing or applying for health insurance coverage is between the ages of 18 and 22 and is also a full-time student, write his or her name here.

Name (first, middle, last & suffix):

Name (first, middle, last & suffix):

If anyone who is renewing or applying for health insurance coverage is between the ages of 18 and 26 and was in foster care at age 18, write his or her name here.

Name (first, middle, last & suffix):

Name (first, middle, last & suffix):

If anyone listed on this form (whether renewing or applying for health insurance coverage or not) is pregnant, write her information below.

Name (first, middle, last & suffix):

How many babies are expected?

Name (first, middle, last & suffix):

How many babies are expected?

- ☐ Check here if anyone who is renewing or applying for health insurance coverage is an American Indian or Alaska Native.

Section 7: Tell us about work.

Fill in the information below for everyone in your household or on your tax return who has income from a job (**not** self-employed) whether or not they are renewing or applying for coverage. If someone has more than one job, tell us about **all jobs**. You can tell us about **self-employment** on the next page. Make a copy of this page if you need space for more jobs or people. Cross out any information that is **not correct** about members of your household. Write in any new information.

Job 1: Name of the person who is working (<i>first, middle, last & suffix</i>):		
Employer name:		Employer phone number:
Address:		
City:	State:	ZIP code:
How often are wages or tips paid? <input type="radio"/> Hourly <input type="radio"/> Every two weeks <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Twice a month <input type="radio"/> Yearly		
How much does this person get paid (before taxes)? \$		Average hours worked each week:
Job 2: Name of the person who is working (<i>first, middle, last & suffix</i>):		
Employer name:		Employer phone number:
Address:		
City:	State:	ZIP code:
How often are wages or tips paid? <input type="radio"/> Hourly <input type="radio"/> Every two weeks <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Twice a month <input type="radio"/> Yearly		
How much does this person get paid (before taxes)? \$		Average hours worked each week:
Job 3: Name of the person who is working (<i>first, middle, last & suffix</i>):		
Employer name:		Employer phone number:
Address:		
City:	State:	ZIP code:
How often are wages or tips paid? <input type="radio"/> Hourly <input type="radio"/> Every two weeks <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Twice a month <input type="radio"/> Yearly		
How much does this person get paid (before taxes)? \$		Average hours worked each week:
Job 4: Name of the person who is working (<i>first, middle, last & suffix</i>):		
Employer name:		Employer phone number:
Address:		
City:	State:	ZIP code:
How often are wages or tips paid? <input type="radio"/> Hourly <input type="radio"/> Every two weeks <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Twice a month <input type="radio"/> Yearly		
How much does this person get paid (before taxes)? \$		Average hours worked each week:
Job 5: Name of the person who is working (<i>first, middle, last & suffix</i>):		
Employer name:		Employer phone number:
Address:		
City:	State:	ZIP code:
How often are wages or tips paid? <input type="radio"/> Hourly <input type="radio"/> Every two weeks <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Twice a month <input type="radio"/> Yearly		
How much does this person get paid (before taxes)? \$		Average hours worked each week:

Section 7: Tell us about work. (continued)

List anyone in your household who has changed jobs or has worked fewer hours in the past four months	
1. Name (first, middle, last & suffix):	
<input type="radio"/> This person stopped working <input type="radio"/> This person is now working fewer hours <input type="radio"/> This person changed jobs	
2. Name (first, middle, last & suffix):	
<input type="radio"/> This person stopped working <input type="radio"/> This person is now working fewer hours <input type="radio"/> This person changed jobs	
If anyone in your household is self-employed , we need to know about their work. <i>See the instructions for more information about deductions.</i>	
1. Name (first, middle, last & suffix):	
Type of work:	
How much <i>net</i> income will this person get from self-employment this month? Amount: \$	
2. Name (first, middle, last & suffix):	
Type of work:	
How much <i>net income</i> will this person get from self-employment this month? Amount: \$	
Subtract the expenses below from your gross income to get an amount for your net self-employment income.	
<ul style="list-style-type: none">• Car and truck expenses (for travel during the workday, not commuting)• Depreciation• Employee wages and fringe benefits• Property, liability, or business interruption insurance• Interest (including mortgage interest paid to banks, etc.)• Legal and professional services• Rent or lease of business property and utilities• Commissions, taxes, licenses and fees	<ul style="list-style-type: none">• Advertising• Contract labor• Repairs and maintenance• Certain business travel and meals• Deductible self-employment taxes• Cost of self-employed health insurance• Contributions to a self-employed SEP, SIMPLE, or qualified retirement plan

Section 8: Tell us about other income.

Cross out any information that is not correct about members of your household. Write in any new information.		
Unemployment	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:
Social Security	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:
Pensions	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:
Retirement accounts	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:

Section 8: Tell us about other income. *(continued)*

Cross out any information that is **not correct** about members of your household. Write in any new information.

Alimony received	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:
Farming or fishing <i>(profit after business expenses)</i>	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:
Rental income or royalties <i>(profit after business expenses)</i>	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:
Other income:	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:
Other income:	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:

If anyone in your household has **deductions**, tell us what kind.

Alimony paid to someone else	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:
Student loan interest paid	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:
Other deductions	How much?	How often?
Name (first, middle, last & suffix):	\$	<input type="radio"/> Weekly <input type="radio"/> Every two weeks <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Twice a month <input type="radio"/> Other:

List the names of anyone whose income **changes** from month to month. Also tell us how much you think their income will be for the year. *Make a copy of this page if you need space for more people.*

1. Name (first, middle, last & suffix):

What do you expect his or her income to be this year? Amount: \$

☐ Check here if you do not know what the income will be this year.

2. Name (first, middle, last & suffix):

What do you expect his or her income to be this year? Amount: \$

☐ Check here if you do not know what the income will be this year.

3. Name (first, middle, last & suffix):

What do you expect his or her income to be this year? Amount: \$

☐ Check here if you do not know what the income will be this year.

Section 9: Read and sign this application.

Renewal of coverage in future years

Read the statement below and check one box.

To make it easier to check my income at renewal time, I give permission to the _____ to use income information from my tax returns for the number of years I checked below. I understand that the _____ will send me a letter with the income information they have. I can make changes to it. I can also change my mind and not allow the _____ to check this information.

Yes, I give permission to check my income on tax returns for (check one box):

☐ 5 years (the longest time) ☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 year

☐ **No, I do not give permission to use my tax returns**

Your rights and responsibilities

- I am signing this renewal form under penalty of perjury. That means that I have provided true answers to all the questions on this form to the best of my knowledge, and I know that I may be subject to penalties under federal law if I provide false or untrue information.
- I know that I must tell _____ if anything changes and is different from what I wrote on this form. I can call _____ or visit _____ to report any changes. I understand that a change in my information might affect whether someone in my household qualifies for coverage.
- I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).
- If I think _____ has made a mistake, I can appeal its decision. To appeal means to tell someone at _____ that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting _____ at _____. Someone from _____ will explain anything about this application to me if I need that.
- I understand that if I do not qualify for Medicaid, _____ will check to see if I qualify for other kinds of health coverage. _____ may send my information to another program so they can see if I qualify. _____ will check my answers using information from computer data sources, including the Internal Revenue Service (IRS), the Social Security Administration, the Department of Homeland Security and others. If the information does not match, _____ may ask me to send more information.
- I understand that, after my death, _____ can file a claim against my estate to recover money that the state paid for coverage provided to me. This process must happen if I am in a medical institution and not expected to return home, or if I am 55 years of age or older and the state pays for my nursing facility services, home and community based services, or related hospital and prescription drug services. The amount recovered by the _____ will not be more than the amount Medicaid paid for my care.
- I understand that when I send in this form, it means I have permission from everyone whose information is on the form to submit their information to _____ and receive any communications about their eligibility and enrollment.
- I understand that _____ is authorized to collect information on this form, and other supporting information including Social Security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care Education Reconciliation Act of 2010 (Public Law 111-152) and the Social Security Act.

Sign and date below.

☐ Check here if you are an authorized representative.

**Signature of household contact
or authorized representative**

Date