

Complete form for applicant and include a copy of photo ID or proof of residency if not a US Citizen.

If the applicant is a minor, list parent/guardian as head of household, then add children below.

If the applicant is homeless, provide a COMPLETE mailing address below.

Name:		DOB:		
Address:		Social Security #:		
City:	Zip Code:	Is the applicant homeless?: ☐ Yes ☐ No		
Phone #:		Sex: ☐ Male ☐ Female ☐ Other		
Marital Status: ☐ Married ☐ Separated ☐ Single		If married, do you live with your spouse? ☐ Yes ☐ No		
If you live with your spouse, provide name of spouse:				
Spouse DOB:		Spouse Social Security #:		
If children live in the home, provide the following and select yes or no if applying for coverage:				
Child Name	Child DOB	Child Social Security #	Yes	No
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
Who is requesting coverage? List all family members requesting:				
Is the applicant employed? ☐ YES ☐ NO		If yes, employer name:		
Start Date:		Monthly income after taxes:		
Is the applicant currently pregnant: ☐ Yes ☐ No		If yes, what is the expected due date?		
		Number of babies expected during the pregnancy:		

By signing below, I confirm that the above information is true and correct.

Applicant Name

Patient/Legal Representative Signature

Date