

Hoosier Healthwise Application

Step-by-Step Instructions

READ CAREFULLY! ANSWER ALL QUESTIONS ON APPLICATION!

QUESTION	INSTRUCTIONS
1	List your name first, then children, spouses, and parents. Place a checkmark in the last column for each person applying for health coverage.
2	List your home address and home telephone number
3	Check “Yes” if you live in Indiana. Check “No” if you do <u>not</u> live in Indiana.
4	Check “Yes” if any applicant has a court-appointed legal guardian. Check “No” if none of the applicants have a court-appointed legal guardian.
5	Check “Yes” if any applicant is pregnant. Check “No” if <u>no</u> applicants are pregnant.
6	Check “Yes” if any applicant is blind or disabled. If you check “Yes,” list that person’s name, checkmark blind OR disabled, and list that person’s doctor and doctor’s address. Check “No” if no applicant is blind or disabled.
7	Check “Yes” if any applicant currently has health insurance coverage. If you check “Yes,” list that person’s name. Check “No” if no applicant has health insurance right now (even if an applicant is pending.)
8	Check “Yes” if any applicant has lost their health insurance coverage in the past 3 months. If “Yes,” list that person’s name, then checkmark the reason coverage was lost. Check “No” if no applicant has lost their health insurance coverage in the past 3 months.
9	Write down the name of the person working. If someone in your family earns income, then answer all questions, do not leave any blanks. If no one in your family is currently earning income, then initial the line in Question 10.
10	List each applicant who receives any type of payment from the list, what that payment type is, how often that person receives payments, when payment began, and the amount of the payment

11	Check "Yes" if your household income has been the same for the past 3 months. Check "No" if your household income is now different than it was for the past 3 months and explain why your income has changed on the lines provided.
12	Check "Yes" if you pay for child care. Check "Yes" if you pay for care of an incapacitated adult. Check "No" if you do <u>not</u> pay for child care. Check "No" if you do <u>not</u> pay for care of an incapacitated adult.
13	Check "Yes" if anyone living in your household pays support payments. Check "No" if no one living in your household pays support payments.
14	Assignment of Rights - This says that if a child who receives health coverage through Hoosier Healthwise is later found to have been eligible for health care through an absent parent, then the state can try to recover some of its costs from either the absent parent or the absent parent's health insurance company. Sign on the line provided.
15	Initial each statement to agree to the terms of the application. Sign and date on the lines.

****IF YOU ARE NOT PREGNANT, THEN YOU ARE FINISHED COMPLETING THE APPLICATION. STOP HERE.**

****IF YOU ARE PREGNANT, PLEASE COMPLETE THE SUPPLEMENT PAGE FOR CHILDREN AND PREGNANT WOMEN. FOLLOW THE INSTRUCTIONS BELOW.**

QUESTION	INSTRUCTIONS
Immigration	Complete this section if any applicant is not a citizen of the U.S.
Dependent Care	Complete this section if you answered "Yes" to question 12 and the person who receives care lives in your household. If the person receiving care does not live in your household, check "No" and move on to the "Support payments" section.
Support payments	If you receive support payments such as child support or spousal support complete this section.
Absent parent information	Complete this section if the other parent of your child does not have custody
Health insurance	Complete this section for any applicant that currently has or has had health insurance in the past 3 months
Signature portion	*If you are age 19 or older, check the box so that you may be considered for full medical coverage For all applicants: sign and date the application

ATTACH THE LISTED ITEMS TO YOUR APPLICATION

For your application to be considered for approval, you must attach the required documents to your application. These documents are:

- ✓ Driver's License or State ID Card
- ✓ Social Security Card for each applicant
- ✓ Birth Certificate of each applicant
- ✓ Health Insurance Card(s) of each applicant if applicant has or has had health insurance in the past 3 months
- ✓ Proof of Income, including, but not limited to:
 - Check stubs from the past 3 months
 - Last year's tax return
 - Child support payments
 - Social Security statements
 - Military allotment
 - Unemployment statements
 - Worker's compensation