

## STEP 2: PERSON 2

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			2. Relationship to you?		
3. Date of birth (mm/dd/yyyy)		4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Spouse name: _____	
6. Does PERSON 2 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 If Yes, provide child(ren) names and relationship to you: _____					
7. Is PERSON 2 a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. Did you consume water from the Flint Water System <b>and</b> live, work or receive childcare or education at an address that was served by the Flint Water System from April 2014 through present day? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Appendix D.					
9. Is PERSON 2 under 21? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide parent names Mother's name: _____ Father's name: _____					
<b>Please answer the following questions if PERSON 2 is 22 or younger:</b>					
10. Did PERSON 2 have insurance through a job and lose it within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, end date: _____ b. Reason the insurance ended: _____					
11. Social Security Number (SSN) _____ - _____ - _____ <b>We need this if you want health care coverage and have an SSN.</b>					
12. Does PERSON 2 live at the same address as you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list address: _____					
13. Does PERSON 2 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.) <input type="checkbox"/> <b>YES.</b> If yes, please answer questions a-c. <input type="checkbox"/> <b>NO.</b> If no, skip to questions c. a. Will PERSON 2 file jointly with a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of spouse: _____ b. Will PERSON 2 claim any dependents on his or her tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) of dependents: _____ c. Will PERSON 2 be claimed as a dependent on someone's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name of the tax filer: _____ How is PERSON 2 related to the tax filer: _____					
14. Is PERSON 2 pregnant now/last three months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many babies are expected this pregnancy? _____ Due Date/end date? _____					
15. Does PERSON 2 need health coverage? (Even if they have insurance, there might be a program with better coverage or lower costs.) <input type="checkbox"/> <b>YES.</b> If yes, please answer questions below. <input type="checkbox"/> <b>NO.</b> If no, skip to the income questions on page 6. Leave the rest of this page blank.					
15a. Was PERSON 2 in foster care at age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Does PERSON 2 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="checkbox"/> Yes <input type="checkbox"/> No					
17. Is PERSON 2 a U.S. citizen or U.S. national? <input type="checkbox"/> Yes <input type="checkbox"/> No					
18. If PERSON 2 isn't a U.S. citizen or U.S. national, do they have eligible immigration status? <input type="checkbox"/> Yes. Fill in their document type and ID Number below. a. Document type _____ b. Document ID number _____ c. Has PERSON 2 lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Is PERSON 2, or their spouse or parent a veteran or an active-duty member in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No e. U.S. entry date _____					
19. Does PERSON 2 want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Which month(s) _____					
20. If Hispanic/Latino, ethnicity (OPTIONAL - check all that apply.) <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____					
21. 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					

**STEP 2: PERSON 2****Current Job & Income Information**☐ **Employed**

If you're currently employed, tell us about your income. Start with question 22.

☐ **Not employed**

Skip to question 32.

☐ **Self-employed**

Skip to question 31.

**CURRENT JOB 1:**

22. Employer name and address

23. Employer phone number

( ) -

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

\$

25. Average hours worked each WEEK

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

26. Employer name and address

27. Employer phone number

( ) -

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

\$

29. Average hours worked each WEEK

30. In the past year, did you: ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these30a. Is your income in the previous three months consistent with the current month's income? ☐ Yes ☐ No

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

a. Type of work

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

\$

32. **OTHER INCOME THIS MONTH:** Check all that apply, give the amount and how often you get it.**NOTE:** You don't need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI).☐ None☐ Unemployment

\$

How often?

☐

Net farming/fishing

\$

How often?

☐ Pensions

\$

How often?

☐

Net rental/royalty

\$

How often?

☐ Social Security

\$

How often?

☐

Other income

\$

How often?

☐ Retirement accounts

\$

How often?

Type:

☐ Alimony received

\$

How often?

33. **DEDUCTIONS:** Check all that apply, and give the amount and how often you get it.

If you pay 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 your answer to net self-employment (question 31b).☐

Alimony paid

\$

How often?

☐

Other deductions

\$

How often?

☐

Student loan interest

\$

How often?

Type:

34. **YEARLY INCOME:** Complete only if PERSON 2's income changes from month to month.**NOTE:** If you do not expect changes to PERSON 2 move on to STEP 3.PERSON 2's total income **this year**

\$

PERSON 2's total income **next year** (if you think it will be different)

\$

**THANKS! This is all we need to know about PERSON 2.**

If you have more than two people to include, make a copy of Step 2: Person 2 (pages 5 and 6) and complete.