Healthcare Coverage

Please fill out the following details along with the Assistance Application if seeking Healthcare Assistance

Additional Group Details

Is anyone the primary caretaker for a child (under age of 19) in the home?
☐ If yes, who? Caretaker / Child ☐ No

Does anyone live in a medical facility or nursing home?
☐ If yes, who? ☐ No

Was anyone in foster care when they turned 18?
☐ If yes, who? ☐ No ← Only required for applicants

Is anyone applying for health insurance currently incarcerated (detained or jailed)?
☐ If yes, who? ☐ No

American Indian or Alaska Native

← AI/AN family members may not have to pay cost sharing and may get special monthly enrollment periods

Are you or is anyone in your family American Indian or Alaska Native?
☐ If yes, who? ☐ No

If yes, are they a member of a federally recognized tribe?
☐ If yes, Tribe ☐ No

Has anyone ever received a service or referral from the Indian Health Service, a tribal health program, or urban Indian health program?
☐ If yes, who? ☐ No

If no, is anyone eligible to get these services?
☐ If yes, who? ☐ No

Flint Water System

Did anyone in your home consume water from the Flint Water System and live, work, or receive childcare or education at an address that was served by the Flint Water System from April 2014 through present day?
☐ If yes, list below. ☐ No ← For individuals under age 21 or pregnant women. By checking "yes" you are requesting Healthcare

Names	Address Served by Flint Water (Street, City, ZIP Code)	Dates
		MO/YR - MO/YR
	☐ Home ☐ Work ☐ School ☐ Childcare Facility	
	☐ Home ☐ Work ☐ School ☐ Childcare Facility	

Your Name