

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 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? <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: _____					
Please answer the following questions if PERSON 2 is 22 or younger:					
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) _____ - _____ - _____ We need this if you want health care coverage and have an SSN.					
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"/> YES. If yes, please answer questions a-c. <input type="checkbox"/> NO. 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"/> YES. If yes, please answer questions below. <input type="checkbox"/> NO. 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

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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.