Certain Populations Additional Household Member

Continued from Question 4.

Does this person want health care coverage? ◯ Yes ◯ No					
FIRST NAME		MI	LAST NAME		DATE OF BIRTH
RELATIONSHIP TO YOU	GENDER ◯ Male ◯ Female	MARITAL STATUS ◯ Legally separated ◯ Divorced ◯ Never married ◯ Married ◯ Widowed			
Does this person have a Social Security number (SSN)*? ◯ Yes ◯ No *See the Notice of Privacy Practices and Notice of Rights and Responsibilities (Attachment A) for information about Social Security numbers.		IF YES, WHAT IS THE SSN?	IF NO, HAS THIS PERSON APPLIED FOR AN SSN? ◯ Yes ◯ No IF PERSON HAS NOT APPLIED, WHY NOT? (Choose a reason code from the list on Attachment B)		
Does this person plan to make Minnesota his or her home? ◯ Yes ◯ No			Is this person a student? ◯ Yes ◯ No	Is this person blind? ◯ Yes ◯ No	
Does this person have a physical, mental, or emotional health condition that limits activities (like bathing, dressing, daily chores, etc.)? ◯ Yes ◯ No			If yes, has this person been determined disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT)? ◯ Yes ◯ No		
Does this person need help staying in his or her home or help paying for care in a long-term-care facility, such as a nursing home? ◯ Yes ◯ No					
Has this person ever been in the U.S. military? ◯ Yes ◯ No			Does this person currently have medical benefits from another state? ◯ Yes ◯ No		
Is this person pregnant? ◯ Yes ◯ No ◯ Not applicable			IF YES, HOW MANY BABIES ARE EXPECTED?	DUE DATE (MM/DD/YYYY)	
OPTIONAL INFORMATION →	RACE (Choose one or more race codes from the list on Attachment B, or write in this person's race if it is not on the list.)				

Does this person want health care coverage? ◯ Yes ◯ No					
FIRST NAME		MI	LAST NAME		DATE OF BIRTH
RELATIONSHIP TO YOU	GENDER ◯ Male ◯ Female	MARITAL STATUS ◯ Legally separated ◯ Divorced ◯ Never married ◯ Married ◯ Widowed			
Does this person have a Social Security number (SSN)*? ◯ Yes ◯ No *See the Notice of Privacy Practices and Notice of Rights and Responsibilities (Attachment A) for information about Social Security numbers.		IF YES, WHAT IS THE SSN?	IF NO, HAS THIS PERSON APPLIED FOR AN SSN? ◯ Yes ◯ No IF PERSON HAS NOT APPLIED, WHY NOT? (Choose a reason code from the list on Attachment B)		
Does this person plan to make Minnesota his or her home? ◯ Yes ◯ No			Is this person a student? ◯ Yes ◯ No	Is this person blind? ◯ Yes ◯ No	
Does this person have a physical, mental, or emotional health condition that limits activities (like bathing, dressing, daily chores, etc.)? ◯ Yes ◯ No			If yes, has this person been determined disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT)? ◯ Yes ◯ No		
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Has this person ever been in the U.S. military? ◯ Yes ◯ No			Does this person currently have medical benefits from another state? ◯ Yes ◯ No		
Is this person pregnant? ◯ Yes ◯ No ◯ Not applicable			IF YES, HOW MANY BABIES ARE EXPECTED?	DUE DATE (MM/DD/YYYY)	
OPTIONAL INFORMATION →	RACE (Choose one or more race codes from the list on Attachment B, or write in this person's race if it is not on the list.)				