


# Certain Populations Additional Household Member

Continued from Question 4.

|   |  |  |  |
|---|--|--|--|
| Does this person want health care coverage? <input type="radio"/> Yes <input type="radio"/> No  |  |  |  |
| FIRST NAME  |  | MI   | LAST NAME  |
| DATE OF BIRTH   |  |  |  |
| RELATIONSHIP TO YOU   | GENDER<br><input type="radio"/> Male <input type="radio"/> Female  | MARITAL STATUS<br><input type="radio"/> Legally separated <input type="radio"/> Divorced <input type="radio"/> Never married <input type="radio"/> Married <input type="radio"/> Widowed |  |
| Does this person have a Social Security number (SSN)*? <input type="radio"/> Yes <input type="radio"/> No   |  | IF YES, WHAT IS THE SSN?   | IF NO, HAS THIS PERSON APPLIED FOR AN SSN?<br><input type="radio"/> Yes <input type="radio"/> No |
| *See the Notice of Privacy Practices and Notice of Rights and Responsibilities (Attachment A) for information about Social Security numbers.  |  | 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?<br><input type="radio"/> Yes <input type="radio"/> No  |  | Is this person a student?<br><input type="radio"/> Yes <input type="radio"/> No  | Is this person blind?<br><input type="radio"/> Yes <input type="radio"/> No                      |
| Does this person have a physical, mental, or emotional health condition that limits activities (like bathing, dressing, daily chores, etc.)? <input type="radio"/> Yes <input type="radio"/> No |  | If yes, has this person been determined disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT)? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No          |  |  |  |
| Has this person ever been in the U.S. military?<br><input type="radio"/> Yes <input type="radio"/> No   |  | Does this person currently have medical benefits from another state?<br><input type="radio"/> Yes <input type="radio"/> No   |  |
| Is this person pregnant?<br><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable   |  | IF YES, HOW MANY BABIES ARE EXPECTED?  | DUE DATE (MM/DD/YYYY)  |
| OPTIONAL INFORMATION<br>→   | 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.) |  |  |

|   |  |  |  |
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| Does this person want health care coverage? <input type="radio"/> Yes <input type="radio"/> No  |  |  |  |
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| DATE OF BIRTH   |  |  |  |
| RELATIONSHIP TO YOU   | GENDER<br><input type="radio"/> Male <input type="radio"/> Female  | MARITAL STATUS<br><input type="radio"/> Legally separated <input type="radio"/> Divorced <input type="radio"/> Never married <input type="radio"/> Married <input type="radio"/> Widowed |  |
| Does this person have a Social Security number (SSN)*? <input type="radio"/> Yes <input type="radio"/> No   |  | IF YES, WHAT IS THE SSN?   | IF NO, HAS THIS PERSON APPLIED FOR AN SSN?<br><input type="radio"/> Yes <input type="radio"/> No |
| *See the Notice of Privacy Practices and Notice of Rights and Responsibilities (Attachment A) for information about Social Security numbers.  |  | 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?<br><input type="radio"/> Yes <input type="radio"/> No  |  | Is this person a student?<br><input type="radio"/> Yes <input type="radio"/> No  | Is this person blind?<br><input type="radio"/> Yes <input type="radio"/> No                      |
| Does this person have a physical, mental, or emotional health condition that limits activities (like bathing, dressing, daily chores, etc.)? <input type="radio"/> Yes <input type="radio"/> No |  | If yes, has this person been determined disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT)? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No          |  |  |  |
| Has this person ever been in the U.S. military?<br><input type="radio"/> Yes <input type="radio"/> No   |  | Does this person currently have medical benefits from another state?<br><input type="radio"/> Yes <input type="radio"/> No   |  |
| Is this person pregnant?<br><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable   |  | IF YES, HOW MANY BABIES ARE EXPECTED?  | DUE DATE (MM/DD/YYYY)  |
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