



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 <input type="radio"/> Male <input type="radio"/> Female	MARITAL STATUS <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? <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? <input type="radio"/> Yes <input type="radio"/> No		Is this person a student? <input type="radio"/> Yes <input type="radio"/> No	Is this person blind? <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? <input type="radio"/> Yes <input type="radio"/> No		Does this person currently have medical benefits from another state? <input type="radio"/> Yes <input type="radio"/> No	
Is this person pregnant? <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 →	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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