

Medicaid Application Form

1. Applicant Information

Full Name: John Doe

Date of Birth: January 1, 1985

Social Security Number: [Provided on the form]

Citizenship Status: U.S. Citizen

Contact Information:

Address: 123 Market St, San Francisco, CA 94103

Phone Number: 555-123-4567

Email: johndoe@email.com

2. Household Information

Household Size: 1 (lives alone)

Dependents: None

Current Health Insurance: None

3. Income Details

Employment: Software Engineer at TechCorp, Inc.

Annual Income: \$120,000

Income Frequency: Bi-weekly

4. Health Information

Disability: None

Health Conditions: None

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Pregnancy Status: Not Applicable

5. Insurance Information

Current Health Coverage: None

Note: In a real application, if the employer offers health insurance but the applicant hasn't enrolled, details would be necessary here.

6. Additional Information

Other Benefits: None

Available Job-related Health Insurance: Yes, but not enrolled

Explanation required on the form why not enrolled, e.g., 'Coverage to begin after probation period of 3 months.'

7. Signature and Consent

Consent for Verification: [Checkbox marked]

Acknowledgment of Rights and Responsibilities: [Checkbox marked]

Signature of Applicant: John Doe

Date: [Date of filling out the application]