

RETROACTIVE MEDICAID	WHO	DATE	RECURRING MEDICAL EXPENSES	WHO	AMOUNT \$		

MEDICAL BILLS: <input type="checkbox"/> YES <input type="checkbox"/> NO	TPHI: <input type="checkbox"/> YES <input type="checkbox"/> NO
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HEALTH PLAN SELECTION

Most people enrolled in Medicaid are required to join a managed care health plan unless they are in an exempt category. Use this section to choose a health plan. If you do not know what health plans are available, ask your worker or call 1-800-505-5678.

Name of Plan You Are Enrolling In	Last Name	First Name	Date of Birth mm/dd/yy	Sex M/F	ID# (from Medicaid Card if you have one)	Social Security # (optional if pregnant)	Primary Care Provider (PCP) or Health Center (check box if current provider)	Name and ID# of OB/GYN (check box if current provider)

SECTION 21 – SHELTER

WHAT IS YOUR LANDLORD'S NAME?

WHAT IS YOUR LANDLORD'S ADDRESS?

WHAT IS YOUR LANDLORD'S PHONE NUMBER?

()

	YES	NO	IF YES, AMOUNT
Do you or anyone who lives with you have a rent, mortgage or other shelter expense?			\$
Do you or anyone who lives with you have a heat bill separate from your rent or other shelter expense?			\$

SHELTER COSTS		MONTHLY ACTUAL COST
A. Room and Board		
B. Rent		
C. Trailer Lot Rent		
D. Mortgage Payment		
1.	Principal	
2.	Interest	
3.	Property Tax (including School Tax)	
4.	Homeowner's Insurance (incl. Fire Insurance)	
5.	Taxes Included in Mortgage (Escrow Payment)	
6.	Assessments (Sewer, etc.)	
E. Total Mortgage Payment (Line 1-6)		
TOTAL (Lines A - E)		

REQUESTED	DOCUMENTATION	IN FILE
	Landlord Statement	
	Rent Receipt	
	Tenant of Record	
	Customer of Record	
	Voluntary Restrict	
	Mandatory Restrict	
	Subsidized Housing	
	Mortgage/Title Search	
	Section 8 Lease or Statement from Section 8 Office	
	Property Lien	
	Shelter/Utility Repayment Agreement	

CONSIDER	
✓	Utility and/or Fuel Restrict
✓	Utility Guarantee
✓	HEAP
✓	Subsidized Housing May Show Total Rent, NOT Client Amount
✓	Foster Care-Related Additional Allowances
✓	SNAP Household Composition Rules
✓	SNAP Aged/Disabled Indicator
✓	Real Property Tax Credit
✓	AIDS/HIV Emergency Shelter Allowance
✓	Property Lien
✓	If Shelter Expenses/Living Quarters Are Shared by More than One Household

SECTION 21 – SHELTER (CONT.)			
Do you or anyone who lives with you have the following	YES	NO	IF YES, AMOUNT
Electricity (for needs other than heat; example: lights, cooking, hot water, etc.) 1			\$
Natural Gas (for needs other than heat; example: cooking, hot water, etc.) 2			\$
Water 3			\$
Air Conditioning 4			\$
Propane (for needs other than heat) 5			\$
Sewer 6			\$
Trash 7			\$
Other Utilities and Expenses 8 Specify _____			\$
Do you live in public housing? 9			
Do you live in Section 8, HUD, or other subsidized housing? 10			
Do you live in a drug/alcohol treatment facility? 11			

MONTHLY EXPENSES	MONTHLY ACTUAL COST	NAME OF DEALER	ACCOUNT NUMBER	IN WHOSE NAME IS THE BILL? (CUSTOMER OF RECORD)	WHO IS THE TENANT OF RECORD?
A. Heat*					
B. Electricity (for cooking, lights, hot water)					
C. Gas (for cooking, hot water)					
D. Liquid Propane Gas					
E. Other Utilities or Expenses					
F. Air Conditioning					
G. Utility Installation Fees					
H. Sewer					
I. Trash					
J. Water					

***Check Primary Heat Type:**
☐ Natural Gas ☐ Oil ☐ PSC Electric ☐ Coal ☐ Other _____
☐ Kerosene ☐ Propane ☐ Municipal Electric ☐ Wood

ADDITIONAL INFORMATION			
SECTION 22 – OTHER EXPENSES			
Indicate if you or anyone who lives with you who is applying:	YES	NO	IF YES, AMOUNT
Pays child support 1			\$
Pays spousal support 2			\$
Pays for child care 3			\$
Pays for dependent care 4			\$
Pays tuition, fees, or other educational expenses 5			\$
Has additional expenses (Example: car payment, car insurance payment, credit card payments, other loan payments, etc.) Specify: _____ 6			\$
Do you or anyone who lives with you who is applying owe at least four months of support for a child under the age of 21? 7	YES	NO	

HOW OFTEN PAID	LEGALLY OBLIGATED	CHILD IN SNAP HH
	YES NO	YES NO