



<p><b>DHS USE ONLY</b></p> <p>Date Received: _____</p> <p>Case Worker: _____</p>
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**Is someone helping you fill out these pages?**

Yes  No

If yes, is it OK for us to talk to that person about you or your case?

Yes  No

If yes, then tell us: Their name \_\_\_\_\_

Their phone number: (\_\_\_\_\_) \_\_\_\_\_ - or - (\_\_\_\_\_) \_\_\_\_\_

**1. Tell us WHO you are, WHERE you live and where you get your mail.**

Name: \_\_\_\_\_

Home address (NOT a P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - or - (\_\_\_\_\_) \_\_\_\_\_

**Please answer these questions:**

What's the best time to reach you by phone? \_\_\_\_\_

Are you **homeless** now? Yes  No

Are you **living in a shelter**? Yes  No

What **language** do you **speak** best?  English  Spanish  Other Language \_\_\_\_\_

What **language** do you **read** best?  English  Spanish  Other Language \_\_\_\_\_

Do you have a **disability**? Yes  No  If yes, what is it? \_\_\_\_\_

**If you do, do you need DHS to help you** with these papers? Yes  No

**2. Tell us everyone who lives in your home now.**

**Tell us who they are even if they don't have TennCare or don't want to qualify for Medicaid. List yourself first. If you need more room, you can add more pages. Be sure to tell us who wants to qualify for Medicaid.**

Who lives in your home now? Full Name – First, Middle Initial, Last	Does this person want to qualify for TennCare Medicaid?	Date of Birth (Month/Day/Year)	Social Security number: <b>ONLY if this person wants TennCare Medicaid</b>	How is this person related to you?	Sex M / F	Want to tell us your Race? *** (W, B, Y, A, H, I or O)
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					

\*\*\* If you want to tell us your race, please use these letters. **W** = White **B** = Black or African-American **Y** = Hispanic **A** = Asian **H** = Native Hawaiian or Pacific Islander **I** = American Indian or Alaskan Native **O** = Other

**Keep reading. There are 6 more pages. One is for your employer to fill out. The last page is for you to read and keep.**

**3. Answer these questions about you and all the people living in your home.**

**Is anyone in your home pregnant?** Yes  No  If yes, tell us who. \_\_\_\_\_

If this person wants to get Medicaid because they're pregnant, DHS will need proof. Proof of the pregnancy can be medical records (not a bill). OR, it can be a signed statement from your doctor's office or clinic.

**Is any female under age 65 in your home getting treatment now for breast or cervical cancer?**

Yes  No  If yes, tell us who. \_\_\_\_\_

**OR is any treatment needed?** Yes  No  If yes, tell us who. \_\_\_\_\_

**Is everyone in your home who wants Medicaid a U.S. citizen, legal alien or eligible immigrant?**

Yes  No  If no, tell us who isn't. \_\_\_\_\_

Not a citizen? DHS will need a copy of their INS papers.

**Does any child living in your household have a parent who doesn't live there too?**

Yes  No  If yes, which child? \_\_\_\_\_

What is the parent's name of that child? \_\_\_\_\_

**Does anyone living in your household have a spouse (a husband or wife) who doesn't live there too?** Yes  No  If yes, who? \_\_\_\_\_

Why does this person not live in this home? \_\_\_\_\_

**ONLY answer** the next question **if**:

- You have a child under age 19 who lives with you.
- **AND**, there are two parents in the home.

⇒ **Does anyone who is the parent of a child under age 19 have a health condition expected to last longer than 30 days?** Yes  No

If yes, tell us who. \_\_\_\_\_ What is their health condition? \_\_\_\_\_

You must give DHS proof of that condition. You can use medical records or something signed by their doctor.

The proof must tell us what condition they have AND that it keeps them from working or caring for their child for at least 30 days.

**Is anyone who has TennCare getting care in a nursing home that TennCare pays for?**

If yes, tell us who. \_\_\_\_\_

What's the name of the nursing home? \_\_\_\_\_

When did they start getting care in the nursing home? \_\_\_\_\_

**Is anyone who has TennCare or wants to get TennCare in jail or prison now?**

If yes, tell us who. \_\_\_\_\_ What jail or prison are they in now? \_\_\_\_\_

When did they go to jail or prison? \_\_\_\_\_ When will they get out? \_\_\_\_\_

**4. Have you moved?**

**If your address is different from the one on this letter, send proof of where you live.**

Send in **one** kind of proof of where you live. Don't send an original. Send a **copy** of something like a:

- Rent or house payment receipt
- Property tax statement
- Light or water bill

If you're **homeless** and get help at a shelter, show these pages to your Social Worker there.

The Social Worker can help you get this proof.

**Are you temporarily living out-of-state?** Yes  No

If yes, tell us where you're living and why. \_\_\_\_\_

To keep TennCare, you must prove that Tennessee is your permanent home and you are coming back.

Send us proof that Tennessee is your permanent home. Your proof can be something like:

- Proof that you own or rent a home in Tennessee
- Your vehicle registration (from Tennessee)
- Property tax statement for Tennessee
- Your voter's registration (from Tennessee)

What city and county do you live in when you are **in Tennessee**? \_\_\_\_\_

Do you own or lease a place to live in another state? Yes  No  Which state? \_\_\_\_\_

Do you get Medicaid or any other help from another state? Yes  No  Which state? \_\_\_\_\_

**Keep Going. There are 5 more pages. One is for your employer to fill out.**

**5. Send proof of your income.**

**Does anyone in your home work?** Yes  No  If yes, you must send proof of that person's earnings.

Have your **employer** fill out the "TennCare Proof of Income" page.

If you need more than 1 copy, you can get more from the DHS office. OR, you can make a copy.

What if you **can't** get your employer to fill out the "TennCare Proof of Income" page?

There are **OTHER ways to give DHS proof of your income.**

You can send copies of **pay stubs** or proof of earnings **for the last 2 months for each job.**

What if you **don't** have **all** your pay stubs **for the last 2 months?**

Give DHS copies of all that you have.

**Is anyone self-employed?** Yes  No  If yes, tell us the kind of work they do. \_\_\_\_\_

If yes, send **copies** of their **last federal income tax return with all schedule attachments.**

If you don't have your tax forms, send other proof. Send something that shows your income and expenses.

**Remember - Don't send the original. Send a copy.**

**Tell us about any work you get paid for, even odd jobs where you don't pay taxes.**

Name of person (Who earns this money?)	# of hours worked each week	How much do they get before taxes each pay period?	How often do they get paid? ***	Name of Employer (Are you self-employed? Tell us the name of your business if it has one.)	Phone number of Employer
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

\*\*\* Daily, Weekly, Every 2 weeks, Twice a month, Monthly

**Is there an adult in your home with no income?** Yes  No  If yes, who? \_\_\_\_\_

When did their income stop? \_\_\_\_\_ How do they pay the cost of daily living? For example, living with a friend or relative, rent is paid by someone, living off savings, etc. \_\_\_\_\_

**Does anyone get Social Security or SSI or Unemployment payments from Tennessee?**

Yes  No  If yes, tell us who. \_\_\_\_\_

You **don't** have to send proof of this income. We'll get it for you.

**Does anyone get any of the kinds of income listed below?** Yes  No

- Money from friends or relatives
- Retirement Payments
- Disability Payments
- Child Support Payments
- Unemployment Payments from another state
- Veteran's Benefits
- Workers' Compensation
- Interest / Dividends / Royalties
- Rental Income
- Alimony
- Other

If yes, tell us about it below and **send proof.** Don't send the original. **Send a copy.**

Name of person (Who gets this money?)	What kind?	How much do they get?	How often?	Who pays them?	What is their Phone Number?
		\$			
		\$			

**Does anyone pay for child care or care for a disabled adult?** Yes  No

If yes, fill in the boxes below. Send proof that shows **who gives the care** and **how much you pay them.**

This proof must be signed by the person that gives this care. It must say how much you pay and how often.

Who gets this care?	Who pays for this care?	How much does it cost?	How often do you pay?	Name and Phone Number of Caregiver
		\$		

**6. Tell us if you have other health insurance.**

**Keep Going. There are 4 more pages. One is for your employer to fill out.**

**The last page is for you to read and keep.**

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If you need help, call 1-866-311-4287. It's a free call.

Does anyone applying already have health insurance that is **not** TennCare?

This includes Medicare and TRICARE. Yes  No  If yes, tell us who. If needed, add another page.

Who already has health insurance?	Policy Holder Name	Insurance Company Name	Group or Individual Policy Numbers

**7. Tell us what you own. If you need more room, you can add more pages.**

You **must** tell DHS what you own. What if you **don't** tell DHS about what you own **or you're over the limit?**  
**You won't qualify for Medicaid** in any group that has a resource limit.

Do you own:	What's it worth now?	How much do you owe on it?	The kind of proof we need:
<b>Property besides the home you live in</b> (We don't count the home you live in.) Tell us these things about <u>other</u> property: Street Address: City: State:                      ZIP:	\$	\$	Something that shows what it's worth like a property tax statement <b>AND</b> something that shows how much you owe like a mortgage statement
Checking accounts Bank Name: _____	\$		Statement from bank or credit union that shows the balance
Savings or credit union accounts Bank Name: _____	\$		
Christmas Club accounts Bank Name: _____	\$		
Cars and trucks Tell us the make, model and year below.			
Make _____ Model                      Year	\$	\$	Payment book or signed statement that says how much you owe
Make _____ Model                      Year	\$	\$	
Make _____ Model                      Year	\$	\$	
Motorcycles and boats			
Make _____ Model                      Year	\$	\$	
Make _____ Model                      Year	\$	\$	
RVs and campers			
Make _____ Model                      Year	\$	\$	Copy of legal papers
Trust fund or Estate	\$		
Stocks Name: _____ Number Owned: _____	Current value: \$		Bank or investment company papers that show: <ul style="list-style-type: none"> <li>• the kind of stock or bonds,</li> <li>• how many you own of each kind, <b>and</b></li> <li>• how much they're worth</li> </ul>
Bonds Name: _____ Number Owned: _____	Current value: \$		
IRAs and Keogh Plans	Account value: \$		Statement that shows the balance. Are you drawing off this amount? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? \$
Savings Certificates or CDs	\$		Statement from bank that shows the balance
Tax Shelter Accounts	\$		
Other (Tell us what: _____ )	\$	\$	

**Keep Going. There are 3 more pages. One is for your employer to fill out.**

**8. ONLY fill out this part if:**

- You live in a nursing home AND want Medicaid to help pay for your nursing home care.
- OR, you've gotten both an SSI check and a Social Security check in the same month at least once since April 1977, AND you still get a Social Security check.

Do you own:	What's it worth now?	How much do you owe on it?	The kind of proof we need:
Revocable burial contract	\$	\$	Copy of the burial contract
Irrevocable burial contract	\$	\$	Copy of the burial contract
Cemetery Lots How many? _____ Are the lots for you or members of your immediate family? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, for who? _____	\$	\$	A deed and something from the cemetery that that shows how much you could sell the lots for now
In the last 60 months, have you sold or given away any of the kinds of things listed on questions 7 or 8?	What was it worth?	How much did you owe on it?	The kind of proof we need:
If yes, what? _____ _____ If you sold it, how much did you get? _____	\$	\$	Something that shows: <ul style="list-style-type: none"> <li>• how much it was worth, and</li> <li>• how much you owed on it, and</li> <li>• how much you sold it for</li> </ul>

Does anyone in your household have a life insurance policy? Yes  No  If yes, tell us who.

Who has a life insurance policy?	What is its cash value?	Insurance Company Name and Phone Number

Has anyone in your household gotten a lump sum of money in the last 12 months? Yes  No

This could be something like an insurance settlement, back pay for Social Security, or a lottery prize.

If yes, tell us who, how much and where it came from. \_\_\_\_\_

DHS needs proof like an award letter or bank records that show how much you got.

**9. Sign here.**

- I am giving my OK for DHS and TennCare to get facts about me and my family. They can get it from other people or agencies. This includes government agencies, employers and places we get health care.
- The information I gave on these peach pages is true and complete as far as I know.

What if I gave information that's not true or held back facts on purpose? I could go to jail or have to pay TennCare back. I could also be charged with a crime like perjury or a felony.

Sign Here X: \_\_\_\_\_ Date: \_\_\_\_\_  
Person Applying / Head of Household

Witness Sign Here (if person applying is unable to sign) X: \_\_\_\_\_

Witness Print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Are you registered to vote where you live now? Yes  No

If no, do you want us to help you register to vote in the next election? Yes  No

If you do, we'll send you papers you can use to register. We can help you fill the papers out.

You don't have to register to vote to get help from DHS.

**Keep Going. There are 2 more pages. One is for your employer to fill out.**

## TennCare Proof of Income

**Every working adult** in your household should ask their employer(s) to fill out this page about their job. Ask your employer(s) to fill out the part below the line. You can make copies of this page if you need to.

**What if you can't get your employer to fill it out?** What if you don't get it back in time?

Give DHS the rest of these pages. You can give them **OTHER PROOF** of your income.

Look at page 3 for examples.

Print Your Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**I give my OK** for my workplace to give DHS and TennCare the facts listed below.

**Sign here: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

### EMPLOYER'S STATEMENT

Name of Business: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

ZIP

1. The above-named person is an employee of this business.

Yes Date Started: \_\_\_\_\_ If YES, go to #2.  
 No Last day worked: \_\_\_\_\_ Ending date of health insurance coverage: \_\_\_\_\_

2. Does he/she **have health insurance** as an employee?  Yes  No

If YES, Insurance Carrier: \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Date: \_\_\_\_\_

3. Does he/she have **family health coverage**?  Yes  No

4. Please list the employee's last eight (8) weeks gross earnings.

Week #	Date Paid	# Hours Worked	Gross \$ Paid	Week #	Date Paid	#Hours Worked	Gross \$ Paid
1			\$	5			\$
2			\$	6			\$
3			\$	7			\$
4			\$	8			\$

5. How often is employee paid? \_\_\_\_\_

6. Is this employee salaried?  Yes  No

If YES, what is salary rate? \$ \_\_\_\_\_ per \_\_\_\_\_

If NO, is employee paid hourly?  Yes  No

If YES, what is the hourly rate? \$ \_\_\_\_\_

7. Is employee:

▪ Full-time?  Yes  No If YES, average hours worked per week = \_\_\_\_\_

▪ Part-time?  Yes  No If YES, average hours worked per week = \_\_\_\_\_

▪ Seasonal?  Yes  No If YES, average hours worked per week = \_\_\_\_\_

If seasonal, season begins approximately: \_\_\_\_\_ and ends: \_\_\_\_\_

If you have questions about this form, please ask. Call us toll-free at **1-866-311-4287**.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Title: \_\_\_\_\_

# Your Rights and Responsibilities

Keep this page for your records.

**Do you need help filling out these pages? Do you have questions?**

Call **1-866-311-4287**. It's a free call.

**Do you need help in another language?** Let us know. DHS will get you a free interpreter.

- 
- Anyone who wants Medicaid must be:
    - A U.S. citizen or
    - Legally admitted to the U.S. for permanent residence.
  - DHS will use your Social Security numbers to get facts about you and your income. Those facts will be used to prove you can have Medicaid. They will not be used to deport you.
  - DHS may give your Social Security numbers to:
    - Police who are looking for lawbreakers;
    - Other state or Federal Agencies (but not the INS); and
    - Collection agencies working to collect money owed to the State.
  - DHS will check the facts and proof you give. You must help get any other information needed.
  - You are giving DHS your OK to get facts about you and your family from others. This includes government agencies, employers and places you get health care.
  - If DHS says you can't get Medicaid, you can appeal. The letter you get will tell you how to appeal.
  - If you get Medicaid, you can't keep any health insurance or medical payments you get from insurance or other companies. Those payments belong to the State. You must sign them over to the State.
  - No one else can use your TennCare card. What if you let someone else use your card? You may have to pay the State back for that other person's medical bills.
  - You must tell DHS about changes in where you live, who lives in your home, your income or your ability to get health insurance. You have **10 days** after the change happens to tell them.
  - What if the Tennessee Bureau of Investigation, the TennCare Office of the Inspector General or another agency asks for your help catching TennCare fraud and abuse? You must help.
  - We don't allow unfair treatment. No one is treated in a different way because of race, color, birthplace, language, sex, age, religion or disability.
- If you think you have been treated unfairly, call **1-866-311-4287** to report it. It's a free call. In Nashville, call **743-2000**.
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**If you need help, please ask.** You can call DHS at **1-866-311-4287**. It's a free call. Your local DHS office can help you too. Call or go by and tell them you need help.