

**ADDENDUM TO LDSS-2921**

CASE NAME: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

REGISTRY/CASE NUMBER: \_\_\_\_\_

<p><b>A. RESOURCE ATTESTATION</b></p>	<p><b>B. PREVIOUS HEALTH INSURANCE</b></p>
<p>Applicants for Medicaid <b>only</b>, who are at least 19 years of age and under age 65 may use the attestation below in place of section 14 <b>Resources</b> on page 5 of the LDSS-2921, "Application for: Public Assistance – Medical Assistance - Food Stamps – Services." Do not complete this section until you meet with the interviewer.</p>	<p>In the past 6 months, has anyone who is applying had any type of health insurance, other than Medicaid, Family Health Plus or Child Health Plus?  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, was the health insurance, through an employer? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Resources include money in a bank or credit union, stocks, bonds mutual funds, certificates of deposit, money market accounts, 401k plans, trust funds, the cash value of life insurance, or property that someone owns. Do not count the value of the home.</p> <p>The interviewer will assist you in determining if your resources are above the level for your family size.</p>	<p><i>Your answers to these questions will help us understand the reasons why people change their health insurance.</i></p> <p>Why does the person(s) no longer have the health insurance? (<b>CHECK ONLY ONE</b>)</p> <p><input type="checkbox"/> 1. The person who had the insurance no longer works for the employer that provided the insurance.</p> <p><input type="checkbox"/> 2. The employer stopped offering health insurance.</p> <p><input type="checkbox"/> 3. The employer stopped offering health insurance for the child(ren) or stopped paying for health insurance for the child(ren) but continued to cover the working parent.</p> <p><input type="checkbox"/> 4. The cost of the health insurance went up and it was no longer affordable.</p> <p><input type="checkbox"/> 5. Child Health Plus or Family Health Plus costs less then the insurance the person(s) used to have.</p> <p><input type="checkbox"/> 6. Child Health Plus or Family Health Plus offers better benefits then the insurance the person(s) used to have.</p>
<p>1. I attest that the total value of my resources is above _____, for a family size of _____.</p> <p>_____ SIGNATURE _____ DATE</p>	
<p>2. I attest that the total value of my resources is at or below _____, for a family size of _____.</p> <p>_____ SIGNATURE _____ DATE</p>	