



**Health  
Insurance  
and  
Nutrition**  
APPLICATION

**access**  
**NY**

**for Children,  
Adults and  
Families**

health care



# INSTRUCTIONS

**CONFIDENTIALITY STATEMENT** All of the information you provide on this application will remain confidential. The only people who will see this information are the enrollment facilitators and the state or local agencies and health plans who need to know this information in order to determine if you (the applicant) and your household members are eligible. The person helping you with this application cannot discuss the information with anyone, except a supervisor or the state or local agencies or health plans which need this information.

**INSTRUCTIONS** for completing this Access NY Health Care application. This application is not for people applying for long term care services (such as nursing home care, personal care or home care).

**PLEASE READ** the entire application, instructions and document checklist before you fill out the application. If this application is **ONLY** for children or a pregnant woman, complete Sections A through H and Section K. Other applicants must complete all sections. (Refer to the documentation checklist for acceptable required documents. If you need more space to list information, please use the **ADDITIONAL INFORMATION** page.)

## SECTION A Contact Information

In this section, we ask for information about how to contact the applicants. The home address is where the persons applying for health insurance live. The mailing address, if different, is where the health insurance cards and all notices will be sent.

## SECTION B Household Information

List the names of all the people who want to apply for or are already receiving Child Health Plus, Family Health Plus, Medicaid, or PCAP. If a parent, step-parent or spouse of a person listed lives in the household but is not applying, list his/her name also. You may list other members of your household, at your option (for example, a dependent child under the age of 21). Listing the other household members may allow us to give you a higher eligibility level or allow us to look at your eligibility under a different category. List the head of household on line 1. Fill out the information requested for each listed person.

■ **Is this person pregnant?** This information helps us determine the size of your family. A pregnant woman counts as two people.

■ **Relationship to Head of Household.** Show how each person is related to the head of household (the person listed on line 1) e.g., spouse, child/step-child, niece, nephew, etc.



■ **Does this person want health insurance?** Each person applying for health insurance will only be enrolled in the program they qualify for: Medicaid, Child Health Plus A or B, PCAP or Family Health Plus.

■ **Social Security Number.** A social security number should be provided for all persons applying if it is available, but is not needed for pregnant women or any household member who is not applying for health insurance.

■ **Race/Ethnic Group.** This information is optional. It is asked to make sure all people have access to the programs. If you fill out this information, use the code shown on the application that best describes the person's race or ethnic background. You may pick more than one.

## SECTION C Health Insurance

It is important to tell us whether anyone applying is covered or could be covered by someone else's health insurance, for several reasons:

- In certain cases, you may not be able to enroll in some programs;
- For certain applicants, we will subtract the cost of the health insurance from your income;
- For future medical bills, it helps us determine which insurance should pay first.

List the names of any persons in your household who are already enrolled in Medicaid, Child Health Plus A or B, Family Health Plus or PCAP and their identification numbers. This may help us reduce paperwork for you.

List all persons covered by any other private health insurance or Medicare and provide the information requested. If this coverage is ending soon, give the date the coverage will end.

To help you answer whether anyone has access to health insurance through a state health benefits plan, the following describes what we mean:

■ **State Health Benefits Plan** means the New York State Health Insurance Program (NYSHIP), which is offered to employees/retirees of NYS government, the State Legislature and the Unified Court System. Some local government agencies and school districts also elect to participate in NYSHIP. If you are not sure, check with your employer.

## SECTION D Citizenship

This information is needed only for those people applying for health insurance. Pregnant women do not have to complete this section. To be eligible for health insurance, other persons age 19 and over must be citizens or must fall within one of many immigration categories. Children who are New York State residents and who do not have other health insurance are eligible, regardless of their immigration status.

### PUBLIC CHARGE INFORMATION

The United States Citizenship and Immigration Services (USCIS) has said that enrollment in Child Health Plus A or B, Medicaid, PCAP or Family Health Plus CANNOT affect a person's ability to get a green card, become a citizen, sponsor a family member, or travel in and out of the country (except if Medicaid pays for long-term care in a place like a nursing home or psychiatric hospital).

**The State will not report any information on this application to the USCIS.**

## SECTION E Household Income

In this section, list all types of income and the amount received by the people you listed in Section B.

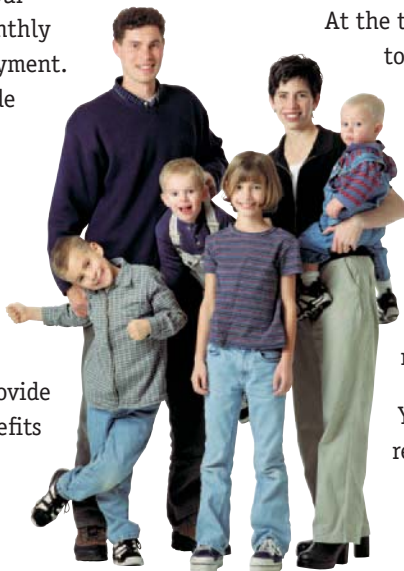
If there is no money coming into the household, explain how the applicants are being supported.

**Child Care and Adult Dependent Costs** are how much you pay another person to take care of your children or disabled spouse or parent while you are working or going to school. Some of this amount may be subtracted from your monthly earnings.

## SECTION F Housing Expenses

Give the monthly cost of housing for your household. This includes your rent, monthly mortgage payment or other housing payment. If you have a mortgage payment, include property taxes and homeowners insurance. If you pay for your heat, list the type of heat that is used (gas, oil, electric).

If this application is only for children under age 19 and/or a pregnant woman, you do not have to provide this information. However, if you do provide it, these applicants may have their benefits continued if their household earnings increase at some time in the future, and they no longer qualify for Medicaid or Child Health Plus A.



## SECTION G Illness/Injury

These questions help us determine which program is best for the applicants. You may be able to get more health services if you have a disability or if you have a serious illness or high medical bills. This section also helps us to know if someone else should pay for medical care.



If you have paid or unpaid medical bills from the past 3 months, Medicaid and Child Health Plus A may be able to pay for these costs. If you want us to determine this, check *yes*. **Include copies of the medical bills with this application.**

## SECTION H Women Infants and Children (WIC)

WIC is a program to improve the nutrition and health of women, infants, and children. Check *yes* if you would also like to apply for this program. Applying for WIC will not change your eligibility for health insurance. You will still need to visit a WIC office.

**STOP. If this application is ONLY for children under age 19 and/or a pregnant woman, go to Section K.**

## SECTION I Resources

**DO NOT COMPLETE THIS SECTION UNTIL YOU MEET WITH THE INTERVIEWER.**

Pregnant women and children under age 19 do not have to answer this question.

At the time of the interview, you will be asked about the total value of your resources. Examples of resources include such things as money in a bank account or credit union, stocks, bonds, mutual funds, certificates of deposit, money market accounts, trust funds, 401k plans and property. Resources may also include the value of your car.

The interviewer will assist you to determine what you should count toward the value of your resources.

You will be told if you need to document your resources.

**More instructions on back** ▶

## Information About Parent or Spouse Not Living in the Household

### SECTION J

It is important for us to know if health insurance is available to you or your children through a parent or spouse living outside the home.

Pregnant women do not have to answer these questions. To be eligible, all other applying persons, age 19 and over, must be willing to provide information to help us get health insurance from parents or spouses not living in the household, unless there is good cause. An example of good cause is fear of physical or emotional harm to you or a family member. Question 1 refers to the *parent* of any applying child. Question 2 refers to the *spouse* of anyone applying.

Children may still get health insurance from the State if a parent is not willing to provide this information.

### SECTION K Health Plan Selection

#### CHILD HEALTH PLUS B AND FAMILY HEALTH PLUS:

If you are determined eligible for Child Health Plus B or Family Health Plus, you must select a health plan in order to receive medical care. If you want to keep the doctor you have now, you need to join a health plan that your doctor belongs to. If you want to pick a new doctor or to get the code for a doctor or health center, call the selected plan for help. Once enrolled in a health plan, you must use the doctors and hospitals under that plan.

#### MEDICAID, PCAP AND CHILD HEALTH PLUS A:

Some people enrolled in Medicaid, PCAP or Child Health Plus A will be required to join a health plan. Others will not. If you or a family member are found eligible for Medicaid, PCAP or Child Health Plus A, and you are in a county that requires people to be in a health plan, we will enroll you in the same plan you chose, if it provides Medicaid. If you are in a county that does not require people to be in a health plan, we will still enroll you in the plan you chose, unless you tell us that you do not want to be in this plan by checking the box in this section. Your interviewer will discuss this with you.

## Child Health Plus B Premium

There are no premiums for Medicaid, PCAP, Family Health Plus and Child Health Plus A. There may be a monthly premium for Child Health Plus B. **All premiums due must be submitted with this application.** To determine if you need to pay a premium based on your monthly income, use the chart below.

To estimate your premium, count the income of anyone included in your family size. Family size is determined by adding up:

- the number of children applying;
- the number of parents or step-parents living with them; and
- the number of non-applying siblings under the age of 21 living with them.

Family Size	Free	\$9 per Child per Month (max. \$27)	\$15 per Child per Month (max. \$45)	Full Premium per Child
1	\$ 1,306	\$ 1,813	\$ 2,042	Over \$ 2,042
2	\$ 1,759	\$ 2,442	\$ 2,750	Over \$ 2,750
3	\$ 2,213	\$ 3,071	\$ 3,459	Over \$ 3,459
4	\$ 2,666	\$ 3,700	\$ 4,167	Over \$ 4,167
5	\$ 3,119	\$ 4,329	\$ 4,875	Over \$ 4,875
For each additional person add:	\$ 454	\$ 629	\$ 709	

\* Effective January 1, 2006. Income levels change annually.  
Note that coverage for children under age one is free at higher income levels.

**DO YOU HAVE QUESTIONS OR NEED HELP COMPLETING THIS FORM?**

**CALL TOLL-FREE**

**For Children: 1-800-698-4543**

**For Adults: 1-877-9FHPLUS**

**ALL HELP IS FREE**

**(1-877-898-5849 TTY line for the hearing impaired)**

**READ THE TERMS RIGHTS AND RESPONSIBILITIES SECTION ON THE LAST PAGE AND SIGN AND DATE THE BOTTOM. EACH APPLYING ADULT MUST SIGN.**



State of New York  
George E. Pataki, Governor

Department of Health  
Antonia C. Novello, M.D., M.P.H., Dr. P.H., Commissioner