



TESTIMONY

OF

**MARJORIE A. CADOGAN
EXECUTIVE DEPUTY COMMISSIONER**

**HUMAN RESOURCES ADMINISTRATION/
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF CITYWIDE HEALTH INSURANCE ACCESS**

**BEFORE THE CITY COUNCIL
GOVERNMENT OPERATIONS COMMITTEE AND
HEALTH COMMITTEE**

ON

**OVERSIGHT – ENROLLMENT IN PUBLIC HEALTH INSURANCE:
MY NEIGHBORHOOD STATISTICS IN THE BRONX**

**Hostos Community College
Savoy Building
120 East 149th Street
Bronx, NY 10451
November 19, 2007**

Good afternoon. I am Marjorie Cadogan, Executive Deputy Commissioner of the Human Resources Administration's Office of Citywide Health Insurance Access (HRA/OCHIA). With me today is Joyce Weinstein, Assistant Commissioner of the Bureau of Health Insurance Programs, Division of Health Care Access and Improvement of the Department of Health and Mental Hygiene. Thank you for the opportunity to speak before you today about enrollment in public health insurance and the City Council's proposed Intro 293, which would make applications for Child Health Plus available in public schools and day care centers.

Enrolling uninsured children and adults who are eligible for public health insurance but not enrolled (EPHINEs) is a longstanding priority for Mayor Bloomberg. Since Mayor Bloomberg took office, enrollment in public health insurance programs administered by HRA has increased by 51 percent. As of October 2007, approximately 2.6 million adults and children in New York City were enrolled in HRA administered public health insurance programs¹ and 152,000 additional children in the City were insured through the State's Child Health Plus B (CHP-B) program.²

The mission of my Office, the Office of Citywide Health Insurance Access, is to expand access to health insurance for all New Yorkers. Our priorities are twofold: first, to ensure that uninsured New Yorkers eligible for public health insurance programs are enrolled and, second, to expand access to affordable health insurance for the City's small businesses, sole proprietors and working individuals.

A cornerstone of the City's outreach and enrollment efforts is the Mayor's HealthStat initiative, a citywide campaign coordinated and overseen by my Office. The HealthStat initiative mobilizes the work of 14 City agencies, community and faith-based organizations, managed care plans, and other private organizations to identify and enroll eligible residents in public coverage. Already in 2007, more than 80,000 people have applied for public coverage through the HealthStat initiative; since the start of the Bloomberg administration close to one-half million have done so.

Together, HRA and its HealthStat partners design and implement strategies that identify uninsured populations and assist families with accessing facilitated enrollment. These strategies target children, adults and populations at risk for remaining uninsured, such as immigrants, through a myriad of locations and outreach efforts.

HRA's Medical Insurance and Community Services Administration (HRA/MICSA), which administers the Medicaid program and Family Health Plus program in New York City, is responsible for enrollment of all individuals and families into these public health insurance programs. HRA has taken many steps to help eligible individuals enroll in public coverage. For example:

- Beginning in 2002, HRA undertook a major initiative to transform its 19 Community Medicaid Offices into Model Offices that make applying for public health insurance easier. The core elements of this initiative included eliminating pre-screening,

upgrading technology, strategic triaging of consumers upon arrival and interviewing and processing efficiencies.

- An HRA initiative in collaboration with the Health and Hospital Corporation's (HHC) hospitals is to enlist outpatient clinic personnel in reminding patients to renew their public health insurance coverage and assist them in doing so at their next scheduled appointment.
- Starting next year, HRA will begin implementing New York State policies permitting presumptive eligibility for children, making it even easier for children to obtain coverage. This will begin with children being treated in certain federally qualified health centers.

Additionally, recognizing that many eligible children and adults face barriers to public health insurance related to the application process, New York State created a facilitated enrollment program in 2000. Facilitated enrollers are community-based organizations and managed care plans that assist families in the enrollment process. These enrollers are situated in diverse neighborhood settings, and often are available during evening and weekend hours so that families can apply for coverage without having to miss work. Many facilitated enrollers also speak more than one language, so they are especially able to assist non-English speaking families in completing and submitting their applications.

Furthermore, since applicants must have a face-to-face interview with an authorized person before they can enroll in a public health insurance program, meeting with a facilitated enroller fulfills this requirement and saves individuals or families eligible for Medicaid or Family Health Plus from having to make a separate trip to the local social services office. Moreover, for children eligible for CHP-B, facilitated enrollers can enroll applicants directly into a health plan.

The City has established many avenues for enabling individuals to obtain information about public health insurance. New York City residents do not even need to leave their homes to learn about public health insurance options. Using ACCESS NYC, an internet-based system, families can print out a public health insurance application that is partially completed using information entered during the system's pre-screening process and take it to a facilitated enroller or apply directly at Community Medicaid offices.

Similarly, individuals can call 311 to learn about both public and private health coverage options and be referred for more help. Between January and September of this year, approximately 18,000 people called 311 asking for information about public health insurance, which is an average of 2,000 calls per month. One way in which families learn about 311 is through the existing Local Law 1 pamphlet. As specified by law, designated City agencies must disseminate these pamphlets to individuals when they apply or renew their application for services as well as if they change their address.

Together with public and private sector partners, City agencies also employ numerous strategies on the ground—in neighborhoods, at special events, at agency offices, in healthcare facilities and in the schools—to enroll eligible children and their families in public health insurance. For example, through the HealthStat initiative, OCHIA works with a number of agencies that provide services to potentially eligible adult and young adult populations to devise strategies and help facilitate public health insurance enrollment efforts, including:

- The Department of Small Business Services, which places facilitated enrollers in its Workforce1 Career Centers in all five boroughs to conduct outreach and enroll jobseekers in public health insurance programs.
- The Department of Probation, which facilitates public health insurance enrollment for probationers by helping them secure necessary identification documentation. The Department also stations public health enrollment counselors at borough probation offices.
- The New York City Housing Authority (NYCHA), which hosts public health insurance outreach and enrollment activities at NYCHA developments and service sites, including Section 8 and General Application Offices located throughout the five boroughs.

- The Taxi and Limousine Commission, where health insurance enrollers conduct outreach to uninsured drivers and their families at the licensing and adjudication office in Long Island City.
- The New York City Fire Department, which organizes activities that jointly promote fire safety and the availability of public health insurance programs in neighborhoods.
- The City University of New York's (CUNY) Office of Student Affairs, which connects students to health insurance coverage and provides administrators with tools and resources for helping with facilitated enrollment in its 18 campuses. For example, facilitated enrollers are available at freshman orientations, wellness and health fairs, AIDS awareness events, Healthy Heart Days and health related conferences. In partnership with my office, CUNY is also working to designate a "health insurance advocate" for each campus and to develop systems to collect information about students' health insurance status during registration so that outreach and enrollment assistance can be channeled toward those who need it most.

We also work with our HealthStat partners to engage in special efforts targeting outreach to immigrant adults and their families.

- We have forged a relationship with the U.S. District Court Eastern Division at Cadman Plaza in Brooklyn to make public health insurance outreach part of their naturalization ceremonies. Health insurance enrollers are provided the opportunity to share information and provide direct enrollment services to naturalization candidates and their family members at these ceremonies.
- The Department of Youth and Community Development (DYCD) contracts with nine community-based organizations to promote and organize public health insurance outreach within targeted DYCD neighborhood development areas. These contracted agencies offer a gamut of services to immigrant children and families and are located in neighborhoods with a large immigrant population. HealthStat Coordinators identified by these community-based organizations conduct in-reach and outreach activities for the purpose of connecting eligible families and individuals to public health insurance awareness and enrollment opportunities.

In addition, there are a number of City initiatives targeting children and their families.

Some of those efforts include:

- A data matching process developed by the New York State Department of Health and HRA that ensures that newborns of Medicaid eligible mothers are automatically provided Medicaid coverage. In this process, DoHMH Vital Statistics birth records

are matched with State Medicaid records to ensure eligible children are covered from birth.

- The Administration for Children's Services, which ensures that facilitated enrollers are onsite to assist families in need of health insurance at each of the four Division of Child Care and HeadStart offices within the City where parents register children for publicly subsidized day care/Head Start programs.

In addition to its HealthStat work, OCHIA provides a significant amount of education and consumer assistance to those interested in learning more about public health insurance. For example:

- We conduct informational presentations and workshops for City agencies, community-based organizations, borough and ethnic chambers of commerce, women and minority-owned business associations, local development corporations, and business improvement districts.
- New Yorkers can find information to make informed health insurance decisions by accessing information at www.nyc.gov/healthstat. We also respond to phone inquiries or questions submitted through the website. From January to September 2007, over 71,000 people visited this website. This is an average of approximately 8,000 visits each month.

- Additionally, OCHIA's *Guide to Health Insurance Options for New York City's Small Businesses, Sole Proprietors and Working Individuals* aids those groups in selecting appropriate private or public health insurance options.

Now, I want to turn your attention to some special enrollment initiatives being completed by the City.

First, I would like to focus on the work being done in the public schools to enroll children and their families in public health insurance. My Office has worked closely with the Department of Education (DoE) and other HealthStat partners to develop multi-pronged strategies for reaching eligible children and their families through the New York City public school system.

Starting at the early education level, DoE has integrated health insurance outreach and enrollment with pre-kindergarten, kindergarten, and first grade registration by ensuring that enrollment counselors are available to answer parents' questions and enroll eligible students and their families into public coverage programs. The Office of Early Childhood Education also has revised many of its documents for parents to include information on eligibility for health insurance programs and the application process.

For the past five years, OCHIA and DoE have conducted annual Back to School Campaigns that provide eligible yet uninsured children and families with opportunities to learn about and enroll in public coverage at key locations across the City. These

campaigns have included placing enrollment counselors at school registration sites.

Enrollers are also onsite at parent-teacher conferences and other school-based special events.

Unique to New York City, we have worked with DoE to revise the school lunch form completed by parents each year to include a question about health insurance coverage. I am sharing it with you today. As you will see, the health insurance question on the school lunch form serves as a mechanism for families to request assistance with enrollment. School staff input information from the form into the school system's database; then, a referral is sent to facilitated enrollers for parents requesting help with health insurance. Last year, 11,000 parents who requested help with health insurance received follow-up letters and phone calls from facilitated enrollers.

HRA and the Office of School Health (jointly administered by DoE and DoHMH) also have developed a ready reference, *Hands on Health*, for parent coordinators and other school staff so that they can better assist parents with their health insurance questions. *Hands on Health* contains summaries of all public health insurance programs in the City, options for families not eligible for public programs, and information about other public benefit programs for low-income families.

Next, I would like to highlight some of the work being done by DoHMH. Providing direct enrollment assistance is a key strategy of DoHMH's Take Care New York initiative, a comprehensive health policy agenda that aims to reduce preventable illness

and death. The first of ten steps in the policy agenda is for every New Yorker to “Have a Regular Doctor or Other Health Care Provider,” and we know that the key to taking that first step is having health insurance.

As a principal partner in the Mayor’s HealthStat initiative, DoHMH employs 30 enrollment facilitators to identify, screen and enroll uninsured children and families into public health insurance programs. These enrollers are based in communities where they provide face-to-face assistance at one of DoHMH’s health center sites or even at someone’s home, where they can help collect the documentation needed to complete the application. Each individual is guided through the application process, which includes counseling on the various health insurance programs and health plans, support in selecting a primary care provider, a detailed explanation of each program's benefit package, and ongoing assistance from the time that the application is submitted until the person is enrolled. In fact, DoHMH enrollers even follow up with beneficiaries to provide additional assistance when it comes time for them to recertify.

Since DoHMH launched its facilitated enrollment program in 2000, they have assisted over 90,000 individuals citywide with their health insurance enrollment, including 7,000 this calendar year to date. In the Bronx this year, they screened close to 5,000 persons and enrolled over 1,100.

Specifically, DoHMH actively works to increase insurance coverage in New York City by engaging in a number of different facilitated enrollment efforts.

- DoHMH enrollers are co-located with other agency programs including tuberculosis, immunization and STD clinics. This enables the enrollers to connect at the point of service with New Yorkers potentially interested in obtaining health insurance.
- In addition, DoHMH provides training and materials about health insurance for its home visiting programs, such as the Nurse Family Partnership and the Lead Poisoning Prevention Program. These programs, along with other agency programs, identify and refer families to the facilitated enrollment unit for assistance in applying for health insurance.
- DoHMH also targets medically/developmentally “high risk” uninsured children for public health insurance eligibility screening through referrals from the agency's Early Intervention program and the Children with Special Health Care Needs program.

This year, DoHMH more fully integrated facilitated enrollment services into the Early Intervention program's review process. As a result, over an eight month period, the unit has screened over 2,000 high need uninsured and underinsured children—and their families—for public health insurance eligibility.

For those children with special needs who are ineligible for Medicaid or whose insurance does not cover all essential care, DoHMH conducts facilitated enrollment

into the Physically Handicapped Children's Program, which funds vital medically prescribed healthcare services.

- DoHMH also targets facilitated enrollment efforts toward individuals leaving City correctional facilities by coordinating internally with the Correctional Health Services Discharge Planning Program and externally with organizations such as the Bronx Correctional Center and the Center for Employment Opportunity.
- Finally, DoHMH contracts and collaborates with the Community Service Society which receives funding from the City Council to operate an ombuds program to provide navigational assistance for managed care enrollees, as well as educational workshops and assistance to clients who wish to apply for public health insurance programs. The program known as the New York City Managed Care Consumer Assistance Program (MCCAP) contracts with 25 community based organizations to provide services throughout New York City. Since it began providing services in 2000, MCCAP has conducted educational workshops and other services to approximately 100,000 City residents.

Together, these and other City initiatives for enrolling children and adults in public health insurance have been tremendously successful. Nonetheless, work remains to be done.

HRA estimates that out of the 217,000 uninsured children in NYC, approximately 123,000 to 193,000 children are eligible for public health insurance but not enrolled (EPHINES). We also estimate that of the 1.2 million uninsured adults in the City, there

are between 212,000 to 305,000 EPHINE adults who would qualify for public coverage based on their income.³

Based on these estimates, we have identified the concentration of EPHINEs in each borough and community district. For example, we estimate that there are from 48,000 to 67,000 EPHINE children and from 63,000 to 84,000 EPHINE adults in the Bronx. The community districts (CDs) in the Bronx with the highest concentrations of EPHINE children and adults are:

- Bronx CD 1 and CD 2, which includes the neighborhoods of Melrose, Mott Haven, Port Morris / Hunts Point, and Longwood;
- Bronx CD 3 & CD 6, which includes the neighborhoods of Morrisania, Crotona Park East/East Tremont, and Belmont;
- Bronx CD 4, which includes the neighborhoods of Highbridge and Concourse Village;
- Bronx CD 7, which includes the neighborhoods of Bedford Park, Norwood and Fordham.

Additionally, among the top five CDs in the Bronx, there are high concentrations of EPHINE children in CD 5, which includes the neighborhoods of University Heights,

Fordham and Mount Hope, and there are high concentrations of EPHINE adults in CD 9, which includes the neighborhoods of Soundview and Parkchester. Along with our HealthStat partners, we are working to design targeted outreach strategies for reaching these EPHINE children and adults and others throughout the City. We would welcome the Council's suggestions on particular neighborhood based venues in which we should focus our outreach efforts.

I would like to close my testimony with several important comments on Intro 293. The City of New York supports the intent of this bill and applauds the Council's interest in ensuring that all eligible uninsured children and adults are enrolled in public health insurance. However, we have concerns about several aspects of the proposed bill. First, public health insurance program applications are developed and produced by New York State, so the City cannot control the quantity and availability of these applications. Second, with the *Access NY* application, all family members can enroll in public health insurance; the *Growing Up Healthy* application, identified in the bill as the application for Child Health Plus, is only for children and is increasingly not used. Third, in light of the extensive and culturally competent assistance available through facilitated enrollers and Community Medicaid Offices, merely providing applications to families' would shortchange their needs when seeking public health insurance. Making the application available will also not eliminate the need for individuals and families to meet with these enrollers to comply with the programs' requirement for a face-to-face interview.

To ensure that all those eligible for public health insurance are enrolled, we believe new approaches for identifying and engaging eligible individuals and families are needed. There also is a need to focus on the retention of coverage for children and adults who have public health insurance but lose it. The State has made efforts to simplify the renewal process, and starting next year the renewal application for adults will be simplified to allow self-attestation of income. While we applaud these efforts, more changes are needed to enable children and adults to maintain continuous coverage for at least 2 years in order to improve continuity of coverage.

Thank you once again for the opportunity to testify today about increasing enrollment in public health insurance programs. We share the Council's interest in improving access to public health insurance and would very much appreciate your support in advancing new outreach and enrollment strategies for reaching EPHINE children and adults in the City. I welcome any questions you may have at this time.

¹ Human Resources Administration's Office of Data Reporting and Analysis: HRA Facts Report, October 2007.

² New York State Department of Health: CHP-B Monthly Enrollment Reports, October 2007.

³ Number of EPHINEs Is from HRA/OCHIA. Reducing New York City's Uninsured: Identifying Communities with the Greatest Numbers of Uninsured Children and Adults Eligible for Public Coverage. Report forthcoming in 2007. Number of uninsured is from New York State Department of Health. Unpublished data from Profile of New York State Uninsured in 2006. (2007.)

Making Applications for Child Health Plus A and B Available in Public Schools and Child Care Centers



Children's Defense Fund

Written Testimony Submitted by:
Children's Defense Fund-New York
Jennifer Marino Rojas, Esq.
Deputy Director

November 19, 2007

Introduction

Good afternoon Councilmember Rivera and Councilmember Felder and members of the Health and Government Operations Committees. My name is Jennifer Marino Rojas and I am the Deputy Director at the Children's Defense Fund-New York. Thank you for holding this hearing today to discuss the important issue of enrolling uninsured New York children in public health insurance.

For nearly 35 years, the Children's Defense Fund has provided a strong, effective voice for all the children of America who cannot vote, lobby or speak for themselves. The Children's Defense Fund educates the nation about the needs of children and encourages preventive investments before they get sick, into trouble, drop out of school or suffer family breakdown. We have worked in New York for 15 years, and we are honored to be invited to speak about how we can comprehensively address the crisis of New York's uninsured children.

Uninsured Children in New York City

New York has made tremendous progress in increasing the availability of public health insurance for children and families. The City and State have initiated a range of enrollment and renewal simplifications, program enhancements, and system improvements that has created a more rational and effective health insurance system for working families.

We applaud New York City, the Human Resources Administration (HRA) and the Health Stat Initiative for taking the lead on many of these simplifications and improvements. New York City has been a leader in promoting easier access for families through various initiatives and pilots. Mail-in renewal was introduced and piloted in New York City by HRA before the statewide implementation. HRA initiated the Eligibility Data and Image Transfer System demonstration project which has allowed selected Prenatal Care Assistance Programs to gather documents and transmit information electronically. HRA conducted a pilot project in 2001 that automatically enrolled children who were already enrolled into food stamps into Medicaid resulting in 15,000 children receiving coverage. Building and sustaining community partnerships has also been a high priority for HRA. These are just a few examples of the way HRA has made a commitment to increasing enrollment and access for New York City children.

However, our work is far from complete. An estimated 384,000 children and teens, statewide, are still uninsured.¹ Seventy percent of these children, 268,000, are eligible for a public health insurance program, either Child Health Plus A or B, but remain uninsured.² The remaining 116,000 uninsured children live in families whose incomes fall above 250 percent of the federal poverty level.

Half of the uninsured children live in New York City.³ The vast majority of uninsured children in New York City are school-aged, are U.S. Citizens and live in families that work.

¹ Based on the average of the percentages of uninsured children in New York in the 2005, 2006 and 2007 Annual Social and Economic Supplement to the Current Population Survey (ASEC). U.S. Census Bureau, 2005, 2006, 2007 Annual Social and Economic Supplement to the Current Population Survey and Estimates of Persons by Race/Ethnicity and State for Single Year of Age as of July 1, 2005. Calculations by the Children's Defense Fund, September 2007.

² Id.

³ Id.

Significantly, the number of uninsured children in New York has remained stagnant over the last year. Despite our best efforts to find and enroll eligible children and families, New York has stalled in its efforts to significantly decrease the number of uninsured children.

It is the goal of CDF-NY to develop a system of health insurance that will provide access to comprehensive and affordable health insurance coverage for every single child in New York State. *No child* in New York should be without health insurance. Uninsured children are four times as likely as those with public coverage to lack a regular source of health care or have an unmet need for medications. Children in poor health are more likely to have poor social and economic outcomes and even shorter life expectancies.⁴ Providing health insurance for all children is not only the right thing to do, it is a moral imperative.

New York City has been a leader in efforts to provide health insurance to children and their parents. To that end, CDF-NY is very pleased that the New York City Council is hosting this hearing on proposed legislation that would require public health insurance applications be made available at public schools and child care programs.

Barriers to Enrollment

Because the majority of uninsured children are school-age, it makes logical sense for us to explore strategies that strengthen the connections between New York City public schools and public health insurance programs.

Information dissemination at public schools is one incremental step forward in helping to make the link between these uninsured children and public health insurance. Providing brochures and applications can be beneficial, but we must do more to concretely address the challenges a family faces when trying to actually enroll in public health insurance.

Obtaining an application is not the barrier to getting uninsured families enrolled. Based on our close working relationship with community-based facilitated enrollers, we know that families require a tremendous amount of assistance in actually filling out the application. Despite New York's efforts to simplify and streamline the applications, the majority of families do not understand how to fill it out alone and do not know what information is being asked of them. For example, in order to apply for Child Health Plus B, a family must pick a health plan at the time of the application. Without the assistance of the local district or a facilitated enroller, this is an extremely difficult task for a family to accomplish on their own.

In addition to the difficulties in understanding the application, a family is required to provide documentation as proof of their eligibility. At a minimum, a family applying for their child is required to provide at least four documents to prove their eligibility. Mandatory documents include proof of income, identity and age, citizenship/immigration status and other health insurance. Additionally, a family may be required to provide documentation if their child is disabled or pregnant, if they seek child care deductions, or if they want retroactive coverage for medical bills. Based on conversations with the New York City Human Resources Administration, as well as facilitated enrollers, the number one documentation hurdle is providing acceptable documentation

⁴ Medical Care Research and Review, "The Consequences of Being Uninsured", Kaiser Commission on Medicaid and the Uninsured, Volume 60, No. 2, June 2003.

that verifies the last four weeks of their income. When families have been asked to document their income on their own at renewal, it proves to be a major obstacle.

Even if a family has been able to successfully fill out the application and gather up their multiple documents, they must still have a face-to-face interview. This face-to-face interview is met by going to either a community-based or health plan facilitated enroller or to the New York City Human Resources Administration. For families that work long hours, finding the time to meet this face-to-face interview is difficult to arrange. Notably, New York is one of only six states that still require a family to meet a face-to-face interview for children's coverage.

We also know that families simply do not think they are eligible for coverage. Despite New York's best efforts to change the name of children's public health insurance programs to Child Health Plus A and Child Health Plus B, in an effort to further de-link Medicaid from public assistance, working families truly believe that they are not eligible for public health coverage.

Further, we know that many immigrant families are hesitant to apply for public coverage for a host of reasons. Undocumented parents do not know that their children are eligible for coverage, regardless of their parents' immigration status. Even if parents were told that their children are eligible for coverage, immigrant families are reluctant to share their information with a government entity for fear that their information will be shared with the United States Citizenship and Immigration Services. Finally, immigrant families incorrectly believe that if they apply for public health insurance, they will be deemed a Public Charge, and will not be able to successfully adjust their status.

The State and the City have made huge strides in implementing simplification policies that have made it easier for families to enroll. Unfortunately, existing bureaucratic obstacles still prevent hundreds of thousands of children from getting coverage that they are eligible for. Until complicated enrollment and renewal pathways are truly streamlined, families need more assistance than just receiving a notice or application for the programs.

Recommendations

We urge the City Council to think more broadly about how we can link these uninsured children and their families to a facilitator who will help families navigate the enrollment process and get them enrolled in coverage. Without this type of personal assistance, we fear that the applications that are provided to parents will remain empty and New York City's children will remain uninsured. To that end, our recommendations follow a two prong strategy: 1) identify the uninsured and where they live and 2) establish concrete linkage strategies between these families and entities that can help enroll families into public coverage.

I. Identify the Uninsured

There are already efforts underway to improve outreach efforts between public schools and health insurance. Currently, every School Lunch/School Breakfast Application Form has additional questions inquiring whether the family has health insurance. The intended goal of adding these questions to the application is to find out whether the children are uninsured, to enter this information into the Department of Education's record systems, and to connect that family to coverage.

While a laudable goal, this effort will only be successful if the information is uniformly collected throughout the New York City schools, entered into a database in a timely manner, and used to ensure direct follow-up with the uninsured families.

Additionally, the School Lunch/School Breakfast Form requires a family to give consent to being contacted by an outside entity. When a parent does not provide consent, aggregate data should still be collected and made publicly available, so that other community-based outreach efforts can be employed to find and enroll those harder to reach families.

There should be a similar data-collection process established in subsidized child care. Child care providers are a natural link to families who may be in need for public health insurance. Child care centers have daily contact with parents. In addition, the eligibility levels for subsidized child care are similar to the eligibility levels for Child Health Plus A and B, and therefore, a family that is eligible for subsidized child care is most likely eligible for public health insurance. Given the overlap in potential eligibility, linkages need to be established between child care programs and public health insurance.

As part of the eligibility process for subsidized child care, a parent should be asked whether the family has health coverage and whether they consent to be contacted to receive assistance to enroll in a public health plan. This data can be used in the aggregate to better identify communities where the uninsured live, and for individual follow-up and enrollment.

II. Connect and Enroll the Uninsured

Once the information is collected by the public school or the child care center, a formalized system must be established to collect the information and share it automatically with a facilitated enroller. At this point of referral, the facilitated enroller can reach out to the family, schedule an appointment, help the family fill out the application, collect the necessary documents, meet the face-to-face interview and send in the application.

Our recommendation relies heavily on linking public schools and child care providers to the Facilitated Enrollment (FE) Program because it has proven to be the most effective strategy of finding and enrolling uninsured families. Facilitated enrollers, health plans and community-based organizations, are in the communities where the uninsured live and work, all providing evening and weekend hours and speaking more than 40 languages. Currently, nearly half of all applications come in through the Facilitated Enrollment Program, and as a result, has become the backbone of the public health insurance enrollment system. FEs know how to reach into communities and help families navigate the public health insurance system and therefore we should tap into their effective outreach strategies as we create automated linkages with public schools.

While the Office of Citywide Health Insurance Access has worked hard to establish a matching system between facilitated enrollers and public schools, more must be done. Based on a recent survey of the 17 downstate community-based Facilitated Enrollment Lead Agencies, a fragmented and informal referral system exists. Not all community-based FEs are connected to public schools. Not all schools are connected to an FE. Many schools that are connected are working with a health plan facilitated enroller and not a community-based facilitated enroller. While both types of FEs provide enrollment assistance, the community-based FE can also link the family to other needed social services through connections they have established within their own agencies.

Generally, community-based FEs need to be better integrated into the New York City schools. An established referral system needs to be created in every single school between the FE and the principals, teachers, guidance counselors, therapists, nutritionists, parent coordinators and school nurses. Questionnaires should be incorporated into these professionals' regular communication and work with families. Referral forms should be widely disseminated among faculty and staff informing them of how to make a referral for a child who they learn does not have health insurance.

We recommend that school nurses and health clinics be trained to make referrals to FEs and to send information about Child Health Plus home with sick children. Also, nurses and clinic personnel should inquire about the health insurance status of every child they treat and provide health insurance and referral information for local facilitated enrollers.

Facilitated enrollers should become a familiar face at the public schools. They should be allowed to be on-site at times when parents are coming to the school. This includes at parent/teacher conferences, PTA meetings, recitals and sports events. Finally, to cast the broadest net, FE referral information should be sent home when report cards are sent home.

All of these referral systems can also be created within the subsidized child care system. In fact, since parents are on-site at child care programs almost daily, there is even more potential for reaching and enrolling uninsured families. Child care workers need to be trained to discuss health insurance with parents and have the ability to connect a family with a facilitated enroller. Establishing formalized linkages between these programs and facilitated enrollers will be critical to providing every family in child care programs with important benefits and services.

Conclusion

Until we do more to streamline and simplify the existing system to help find and enroll those who are eligible yet uninsured, the door to enrollment will continue to be closed for hundreds of thousands of children. We must eliminate the face-to-face interview requirement, eliminate onerous documentation verification, simplify the renewal process to keep families covered and expand eligibility levels to make every uninsured child eligible for public health insurance.

We are extremely appreciative to the New York City Council for your vision and commitment in hosting this important hearing and in continuing to focus on the critical issue of health coverage for New York's. All of us at the Children's Defense Fund are deeply grateful to you for your leadership and look forward to working in partnership with you to ensure that in New York State we truly

Leave No Child Behind

Complete this form for all children attending the same school. Return form to your children's school.

School Name

School #

Check Borough M BX Q BK SI

Health Insurance

Legal Name of Children Attending this School.

First Name	MI	Last Name

Get the Health Insurance Your Child Needs to Start the School Year Right!

Please check the correct boxes below:

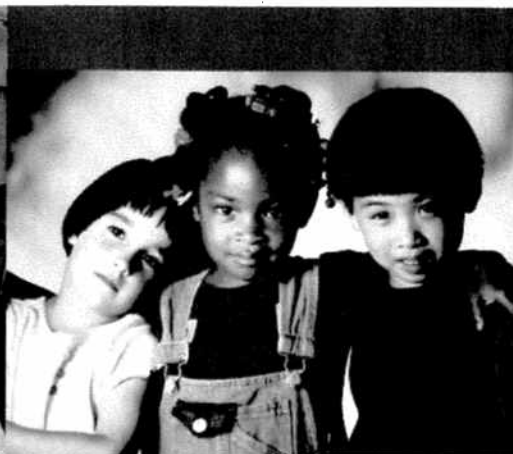
Does your child (or children) have health insurance?

- No Yes → Would you like a health insurance counselor to contact you to get your child (or children) enrolled?
 Yes → Your Name: _____ Your Phone Number: (____) _____
 No

Yes No → What type of health insurance does your child (or children) have?

- Health insurance through your or your spouse's employer
- Medicaid
- Child Health Plus B

For more information about health insurance options, visit <http://www.nyc.gov/healthstat>.

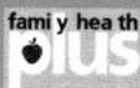


**Health
Insurance
and
Nutrition**
APPLICATION

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.

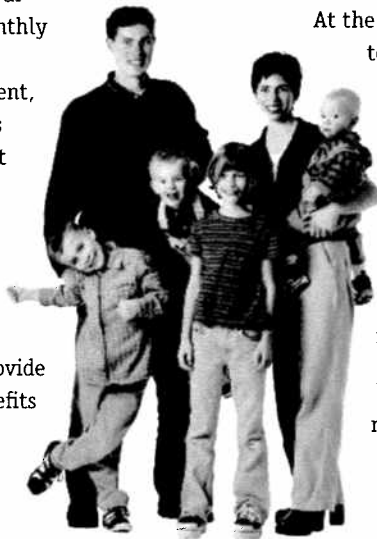
If there is no money coming into the household, explain how the applicants are being supported.

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	\$1,361	\$ 1,889	\$ 2,128	Over \$ 2,128
2	\$ 1,825	\$ 2,533	\$ 2,853	Over \$ 2,853
3	\$ 2,289	\$ 3,177	\$ 3,578	Over \$ 3,578
4	\$ 2,753	\$ 3,821	\$ 4,303	Over \$ 4,303
5	\$ 3,217	\$ 4,465	\$ 5,028	Over \$ 5,028
For each additional person				
add:	\$ 464	\$ 644	\$ 725	

* Effective January 1, 2007. 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

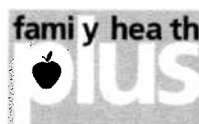
For Children: 1-800-698-4543

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
Eliot Spitzer, Governor

Department of Health

TERMS, RIGHTS AND RESPONSIBILITIES

By completing and signing this application, I am applying for Medicaid, Family Health Plus, Child Health Plus A or B, PCAP, and the Special Supplemental Food Program for Women, Infants and Children (WIC). I understand that this application, notices and other supporting information will be sent to the program(s) for which I want to apply. I agree to the release of personal and financial information from this application and any other information needed to determine eligibility for these programs. I understand that I may be asked for more information. I agree to immediately report any changes to the information on this application.

- I understand that I must provide the information needed to prove my eligibility for each program. If I have been unable to get the information for Medicaid, Family Health Plus, PCAP or Child Health Plus A, I will tell the social services district. The social services district may be able to help in getting the information.
- If I am applying at a place other than a local Department of Social Services, and my children are not found eligible for Child Health Plus A using this application, I can contact the local Department of Social Services to see if my children are eligible for Child Health Plus A on some other basis.
- I understand that workers from the programs for which family members or I have applied may check the information given by me for this application. The agencies that run these programs will keep this information confidential according to 42 U.S.C. 1396a (a) (7) and 42 CFR 431.300-431.307, the WIC regulations at 7 CFR 246.26 (d), and any federal and state laws and regulations.
- By applying for Child Health Plus B, I agree to pay the applicable premium contribution not paid by New York State.
- I understand that Medicaid, Family Health Plus, PCAP, and Child Health Plus will not pay medical expenses that insurance or another person is supposed to pay, and that if I am applying for Medicaid, Family Health Plus, PCAP, or Child Health Plus A, I am giving to the agency all of my rights to pursue and receive medical support from a spouse or parents of persons under 21 years old and my right to pursue and receive third party payments for the entire time I am in receipt of benefits.
- I will file any claims for health or accident insurance benefits or any other resources to which I am entitled. I understand that I have the right to claim good cause not to cooperate in using health insurance if its use could cause harm to my health or safety or to the health and safety of someone I am legally responsible for.
- I understand that my eligibility for these programs will not be affected by my race, color, or national origin. I also understand that depending on the requirements of these individual programs, my age, sex, disability or citizenship status may be a factor in whether or not I am eligible.
- I understand that if my child is on Child Health Plus A or Family Health Plus, he or she can get comprehensive primary and preventive care, including all necessary treatment through the Child/Teen Health Program. I can get more information on this program from the local Department of Social Services.
- I understand that anyone who knowingly lies or hides the truth in order to receive services under these programs is committing a crime and subject to federal and state penalties and may have to repay the amount of benefits received and pay civil penalties. The New York State Department of Tax and Finance has the right to review income information on this form.

SOCIAL SECURITY NUMBER

WIC, PCAP, and Child Health Plus B: SSNs are not required to enroll in Child Health Plus B or WIC. If available, I will include it for children ap-

plying for Child Health Plus B and for anyone applying for WIC.

Medicaid, Family Health Plus, Child Health Plus A: SSNs are required for all applicants, unless the person is pregnant or a non-qualified alien. SSNs are not required for members of my household who are not applying for benefits. I understand that this is required by Federal Law at 42 U.S.C. 1320b-7 (a) and by Medicaid regulations at 42 CFR 435.910. SSNs are used in many ways, both within Department of Social Services (DSS) and between the DSS and federal, state, and local agencies, both in New York and other jurisdictions. Some uses of SSNs are: to check identity, to identify and verify earned and unearned income, to see if non custodial parents can get health insurance coverage for applicants, to see if applicants can get medical support, and to see if applicants can get money or other help. SSNs may also be used for identification of the recipient within and between central governmental Medicaid agencies to insure proper services are made available to the recipient. Also, if I apply for other programs in this joint application, those programs will have access to my SSN and could use it in the administration of the program.

FOR MEDICAID AND CHILD HEALTH PLUS A APPLICANTS ONLY

• RELEASE OF EDUCATIONAL RECORDS

I give permission to the Local Department of Social Services and New York State to obtain any information regarding the educational records of my child(ren), herein named, necessary for claiming Medicaid reimbursements for health-related educational services, and to provide the appropriate federal government agency access to this information for the sole purpose of audit.

• EARLY INTERVENTION PROGRAM

If my child is evaluated for or participates in the New York State Early Intervention Program, I give permission to the local Department of Social Services and New York State to share my child's Medicaid eligibility information with my county Early Intervention Program for the purpose of billing Medicaid.

• REIMBURSEMENT OF MEDICAL EXPENSES

I understand that I have a right as part of my Medicaid application, or later, to request reimbursement of expenses I paid for covered medical care, services and supplies received during the three month period prior to the month of my application. After the date of my application, reimbursement of covered medical care, services and supplies will only be available if obtained from Medicaid-enrolled providers.

FAMILY HEALTH PLUS AND MEDICAID MANAGED CARE

I know that in order to receive Family Health Plus benefits, I must join a health plan. I also know that in some counties, joining a health plan is required to receive Medicaid. I have been told whether my county requires Medicaid enrollees to join a health plan.

I have been told what health plans are available in Family Health Plus and in Medicaid. I understand that if I am found eligible for Family Health Plus, I will be enrolled in the Family Health Plus plan I have chosen. I also understand that if I am found eligible for Medicaid instead of Family Health Plus and I am in a county that requires people to be in a health plan, I will be enrolled in the health plan I chose unless that plan does not participate in Medicaid. If I/we are in a county that does not require people to be in a Medicaid health plan, I/we will still be enrolled in the plan I chose, unless I notify my local social services department in writing or on the application, that I/we do not want to be in this plan.

TERMS, RIGHTS AND RESPONSIBILITIES

I have been told the rights and benefits that I will have as a member of a health plan and the benefit limitations of managed care membership. I know that in both Family Health Plus and Medicaid, I must choose a Primary Care Provider (PCP) and that I will have a choice from at least three (3) PCPs in my health plan. I understand that once I enroll in a plan, I will have to use my PCP and other providers in my health plan except in a few special circumstances.

I know that if a child is born to me while I am a member of a health plan, my child will be enrolled in the same plan that I am in. I know that if a child is born to me while I am a member of a Family Health Plus plan that also participates in Medicaid, my child will be enrolled in the same plan that I am in.

• RELEASE OF MEDICAL INFORMATION

I consent to the release of any medical information about me and any members of my family for whom I can give consent: by my Primary Care Provider, any other health care provider or the New York State Department of Health (SDOH) to my health plan and any health care providers involved in caring for me or my family, as reasonably necessary for my health plan or my providers to carry out treatment, payment, or health

care operations; by my health plan and any health care providers to SDOH and other authorized federal, state, and local agencies for purposes of administration of the Medicaid, Child Health Plus, PCAP and Family Health Plus programs; and, by my health plan to other persons or organizations, as reasonably necessary for my health plan to carry out treatment, payment, or health care operations. I also agree that the information released may include HIV, mental health or alcohol and substance abuse information about me and members of my family, to the extent permitted by law. If more than one adult in the family is joining a Family Health Plus or Medicaid health plan, the signature of each adult applying is necessary for consent to release information.

• REIMBURSEMENT OF MEDICAL EXPENSES

I understand that if I am determined eligible for Family Health Plus my enrollment will be effective no later than 90 days from the date of submission of a completed application. In the event of an error or delay in my enrollment, Medicaid may be able to reimburse me for reasonable medical expenses I pay as a result of the error or delay. Medicaid may pay my provider for any unpaid expenses only if that provider is a Medicaid enrolled provider.

I agree to having the information on this application shared only among Child Health Plus, Medicaid, PCAP, Family Health Plus, WIC, the health plans indicated in Section K, the local social services district, and the facilitated enrollment organization providing the application assistance. I also consent to sharing this information with any school-based health center that provides services to the applicant(s). I understand this information is being shared for the purpose of determining the eligibility of those individuals applying for Child Health Plus, Medicaid, PCAP, Family Health Plus, and WIC or to evaluate the success of these programs.

By signing this application, I understand that each person applying for Child Health Plus, Medicaid, PCAP, Family Health Plus, and WIC, will be enrolled in the appropriate program, if eligible. I have also read and understand the Terms, Rights and Responsibilities included in this application booklet. I certify under penalty of perjury that everything on this application is the truth as best I know.

DATE	SIGNATURE
DATE	SIGNATURE

FOR OFFICE USE ONLY					
To be completed by the person assisting with the application					
Signature of Person Who Obtained Eligibility Information:			Employed By:		
X			<input type="checkbox"/> Community-Based Facilitated Enrollment Agency Specify _____		
			<input type="checkbox"/> Health Plan <input type="checkbox"/> Social Services District <input type="checkbox"/> Provider Agency		
To be completed by Facilitated Enrollers					
Facilitated Enroller Name:			Lead Agency:	Lead Org. ID	
Application Start Date: mm/dd/yy	Application Sequence Number:	Application Completion Date: mm/dd/yy	Enter Code of Applying Child:		
			Medicaid	CHPlus	
To be used by the Local Social Services District					
Eligibility Determined By:		Date:	Eligibility Approved By:		Date:
Center Office:		Application Date:	Unit ID:		Worker ID:
Case Name:		District:	Case Type:		Case No:
Effective Date:	MA Disposition Reason Code:		Proxy:	Registry No:	Ver:
	<input type="checkbox"/> Denial Code <input type="checkbox"/> Withdrawal		<input type="checkbox"/> Yes <input type="checkbox"/> No		
To be used by Child Health Plus Plans					
CHPlus Disposition:		Denial Code:	Effective Date:	# Children Enrolled (CHPlus):	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					

ACCESS NY HEALTH CARE

Child Health Plus / Family Health Plus / Medicaid / PCAP / WIC

PLEASE READ the entire application and INSTRUCTIONS before you fill it out.
 Print clearly in blue or black ink. If you need more room for any section, attach the Additional Information page.
 An incomplete application cannot be processed and will result in a delay of coverage.

Section A Contact Information Please tell us who you are and how to contact you.

First Name		Middle Initial		Last Name	
Please give us a number where you can be reached if we need to contact you for more information:		Phone #		Another Phone #	
HOME ADDRESS of the persons applying for health insurance	Street			Apt#	
	City		State	Zip Code	County
MAILING ADDRESS of Contact Person, if different	Street			Apt#	
	City		State	Zip Code	County

Section B Household Information List the head of household on line 1. List the names of the persons applying for or already receiving Child Health Plus, Family Health Plus, Medicaid, or PCAP. You **must** also list the name of any parent, step-parent or spouse of an applying person who lives in the household, even if the person is not applying. 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.

Name First, Middle Initial, Last	Date of Birth	Sex F/M	Is this person pregnant?	Is this person a parent of any applying child?	Relationship to Head of Household	Does this person want health insurance? (Yes or No)	APPLICANTS ONLY	
							Social Security Number <small>(if available) Not needed for pregnant women</small>	Race/ Ethnic Group <small>(See Codes)</small>
01 Maiden Name, if any:		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	HEAD OF HOUSEHOLD	<input type="checkbox"/> Yes <input type="checkbox"/> No		
02 Maiden Name, if any:		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
03 Maiden Name, if any:		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
04 Maiden Name, if any:		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
05		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
06		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
07		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
08		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
09		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Is anyone in the household a veteran? Yes No

If Yes, Name:

Race/Ethnic Affiliation Codes: (optional)

A = Asian

I = Native American or Alaskan Native

B = Black or African American

P = Native Hawaiian or other Pacific Islander

H = Hispanic or Latino

W = White

U = Unknown

Section C Health Insurance You or your family may still be eligible even if you have other health insurance.

1. Does anyone in the household already get Medicaid, Family Health Plus, Child Health Plus or PCAP? Yes No

If Yes	Name	CIN/ID#	Name:	CIN/ID#
	Name:	CIN/ID#	Name:	CIN/ID#

2. Does anyone who is applying have Medicare? Yes No Medicare # _____

3. Does anyone who is applying already have other health insurance? Yes No

If Yes	Name of Policy Holder		
	Insurance Company Name	Group/Policy #	Monthly Cost \$
	Person(s) Covered	End Date of Coverage	
	Name of Policy Holder		
If Yes	Insurance Company Name		
	Insurance Company Name	Group/Policy #	Monthly Cost \$
	Person(s) Covered	End Date of Coverage	
	Name of Policy Holder		

4. Can anyone over age 19 get coverage through a federal, state, county, municipal or school district health benefits plan? Yes No

If Yes Name: _____ Employed by: _____

5. Is the parent/step-parent of any child applying a public employee who can get family coverage through a state health benefits plan? (see instructions) Yes No

If Yes Does the public agency where that person works pay all or part of the cost of this health plan? Yes No

6. In the past 6 months, has anyone who is applying lost or cancelled any type of health insurance that was provided through an employer? (If no, skip to Section D) Yes No

If Yes	Your answer to this question will help us understand the reasons why people change their health insurance.					
	Why do the person(s) no longer have the health insurance? (CHECK ONLY ONE)					
	<input type="checkbox"/>	1. The person who had the insurance no longer works for the employer that provided the insurance.				
	<input type="checkbox"/>	2. The employer stopped offering health insurance.				
	<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.				
	<input type="checkbox"/>	4. The cost of the health insurance went up and it was no longer affordable.				
	<input type="checkbox"/>	5. Child Health Plus or Family Health Plus costs less than the insurance the person(s) used to have.				
<input type="checkbox"/>	6. Child Health Plus or Family Health Plus offers better benefits than the insurance the person(s) used to have.					

Section D CITIZENSHIP Pregnant women do not have to complete this section. This information is needed only for those people applying for health insurance. Almost all children are eligible for health insurance regardless of immigration status.

Is everyone who is applying a U.S. citizen? (if yes, skip to Section E) Yes No

If NO, please give the following information for anyone applying for health insurance who is not a U.S. Citizen. Your answers to these questions will be kept completely confidential.

First Name	M.I.	Last Name	Does this person belong to any of the categories listed below? Check the appropriate box.	If either A or B, enter date when the person entered the United States (mm/dd/yy)
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	

- A: Check A if the person is under one of the following categories:**
- Legal Permanent Resident (green card holder)
 - Asylee
 - Cuban/Haitian Entrant
 - Parolee for at least one year
 - Native American born in Canada who is at least 50% Native American
 - Some battered immigrants and/or children
 - Refugee
 - Amerasian
 - Withholding of Deportation
 - Conditional Entrant

- B: Check B if the person is under one of the following categories:**
- Order of Supervision
 - Deferred Action status
 - Parolee for less than one year
 - Covered by an approved immediate relative petition
 - Properly filed or granted application for adjustment of status
 - Has lived continuously in the United States since before January 1, 1972
 - Living in the United States with the knowledge and permission or acquiescence of the USCIS and whose departure USCIS does not contemplate enforcing.
 - Stay of Deportation
 - Voluntary Departure
 - Suspension of Deportation

Section E Household Income

List the types of money and the amount received by everyone listed in Section B

Types of Income	Name of Person (Who receives this income?)	List Type of income/ employer name	How much does the person receive? (before taxes)	How often is the income received? (weekly, every two weeks, monthly, other)
Example	Mary Smith	wages/XYZ Company	\$350	weekly
Earnings From Work: Includes wages, salaries, commissions, tips, overtime, self-employment				

Does your employer offer health insurance? Yes No If yes, Employer Name:

Unearned Income: Includes Social Security Benefits, disability payments, unemployment payments, interest and dividends, veteran's benefits, workers' compensation, child support payments/alimony, rental income				
Contributions: Money from relatives or friends, roomers or boarders (Include money that anyone gives you each month to help meet living expenses)				
Other: Temporary (cash) Assistance or Supplemental Security Income (SSI) payments, student grants or loans				

If no income, please explain
(for example, living with friend or relative):

Do you have to pay for childcare (or for care of a disabled adult) in order to work or go to school? Yes No

If Yes	Child's/adult's name:	How much?	How often
		\$	(weekly, every two weeks, monthly)
	Child's/adult's name:	How much?	How often
		\$	(weekly, every two weeks, monthly)
Child's/adult's name:	How much?	How often	
	\$	(weekly, every two weeks, monthly)	
Child's/adult's name:	How much?	How often	
	\$	(weekly, every two weeks, monthly)	

Section F Housing Expenses

These questions help us determine the best program for the applicants.
Answering these questions is optional if this application is only for children under the age of 19, or a pregnant woman

Monthly housing payment \$	Type of heat (gas, oil, etc.)	Is heat included in your housing payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------	-------------------------------	---

Section G Illness/Injury

These questions help us determine which program is best for the applicants

Is anyone who is applying blind, disabled, handicapped, or have a chronic illness or special health care need? Yes No

If yes,
Names:

Does anyone applying have an injury, illness, or disability that was caused by someone else, or that could be covered by insurance, other than health insurance (such as homeowner's or auto insurance)? Yes No

If yes,
Names:

Does anyone who is applying have unpaid or recently paid medical bills from the past 3 months? (Medicaid or Child Health Plus A may be able to pay these bills.) Yes No

Section H WIC

WIC is a free program that helps women, infants and children get the food they need for good health

If anyone in the household is pregnant, a new mother, or a child under five years of age, would you like to apply for WIC? Yes No

STOP:

If this application includes **ONLY** children under age 19 and/or a pregnant woman, go to Section K. If this application includes other persons, continue with Sections I and J.

Section I

Resources Skip this section if this application is only for a child(ren) under the age of 19, or a pregnant woman. Adult applicants must answer these questions.

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, motor vehicles, or property that someone owns. Do not count the value of the home you live in. The interviewer will assist you in determining the value of your resources.

1. The total value of my/our resources is \$

2. Has anyone given away or sold/transferred any income, real estate or personal property in the past 12 months? Yes No

If yes, what? _____

Section J Parent or Spouse Not Living in the Household

Pregnant women do not have to answer these questions. All other applying persons, age 19 or over, must be willing to provide information about a parent or spouse living outside the home to be eligible for health insurance, unless there is good cause. Children may still be eligible even if a parent is not willing to provide this information.

1. Does a parent of any applying children live outside the home?(If no, skip to question 2 below.) Yes No

If yes, are you willing to give us information to help us get health insurance from the parent, if it is available to him/her? Yes No

Is there any reason (good cause) not to help us get health insurance from the parent? (An example of good cause is that a family member might be harmed in some way.) Yes No

2. Does a spouse (husband or wife) of anyone applying live outside the home? (If no, skip to Section K.) Yes No

If yes, are you willing to give us information to help us get health insurance from the spouse, if it is available to him/her? Yes No

Is there any reason (good cause) not to help us get health insurance from the spouse? (An example of good cause is that a family member might be harmed in some way.) Yes No

Section K Health Plan Selection

Persons eligible for Child Health Plus B and Family Health Plus must join a health plan to receive their health services. Some people enrolled in Medicaid or Child Health Plus A may be required to join a health plan now and others may be required to join one soon. You may also use this section to pick a plan for Child Health Plus A and Medicaid.

NOTE: If you or a family member are found eligible for Medicaid or Child Health Plus A, and are in a county that does not require people to be in a health plan, we will still enroll you in this plan if it provides Medicaid, unless you tell us you do not want us to do this, by writing to the local social services department or checking this box.

Name of Applying Person	SS Number (if available)	Date of Birth	Health Plan	Doctor/Health Center	Doctor/Health Center Code (optional)	Dentist

ADDITIONAL INFORMATION

ACCESS NY HEALTH CARE

Name
in Section A

Phone Number

Section B Continued

Household Information

List the names of the persons applying for or already receiving Child Health Plus, Family Health Plus, Medicaid, or PCAP. You **must** also list the name of any parent, step-parent or spouse of an applying person who lives in the household, even if the person is not applying. 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.**

Name First, Middle Initial, Last	Date of Birth	Sex F/M	Is this person pregnant?	Is this person a parent of any applying child?	Relationship to Head of Household	Does this person want health insurance? (Yes or No)	APPLICANTS ONLY	
							Social Security Number (if available) <i>Not needed for pregnant women</i>	Race/ Ethnic Group (See Codes)
10		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Maiden Name, if any:								
11		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Maiden Name, if any:								
12		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Maiden Name, if any:								

Race/Ethnic Affiliation Codes: (optional)

A = Asian

I = American Indian or Alaskan Native

B = Black or African American

P = Native Hawaiian or other Pacific Islander

H = Hispanic or Latino

W = White

U = Unknown

Section C Continued

Health Insurance

You or your family may still be eligible even if you have other health insurance.

1. Does anyone in the household already get Medicaid, Family Health Plus, Child Health Plus or PCAP? Yes No

If Yes	Name	CIN/ID#	Name:	CIN/ID#

2. Does anyone who is applying have Medicare? Yes No Medicare #

3. Does anyone who is applying already have other health insurance? Yes No

If Yes	Name of Policy Holder	Group/Policy #	Monthly Cost \$
	Insurance Company Name	End Date of Coverage	
	Person(s) Covered		

Section D Continued

CITIZENSHIP

Pregnant women do not have to complete this section. This information is needed only for those people applying for health insurance. Almost all children are eligible for health insurance regardless of immigration status.

Is everyone who is applying a U.S. citizen? (if yes, skip to Section E) Yes No

If NO, please give the following information for anyone applying for health insurance who is not a U.S. Citizen.

Your answers to these questions will be kept completely confidential.

First Name	M.I.	Last Name	Does this person belong to any of the categories listed below? Check the appropriate box.	If either A or B, enter date when the person entered the United States (mm/dd/yy)
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	

A: Check A if the person is under one of the following categories:

- Legal Permanent Resident (green card holder)
- Asylee
- Cuban/Haitian Entrant
- Parolee for at least one year
- Native American born in Canada who is at least 50% Native American
- Some battered immigrants and/or children
- Refugee
- Amerasian
- Withholding of Deportation
- Conditional Entrant

B: Check B if the person is under one of the following categories:

- Order of Supervision
- Deferred Action status
- Parolee for less than one year
- Covered by an approved immediate relative petition
- Properly filed or granted application for adjustment of status
- Has lived continuously in the United States since before January 1, 1972
- Living in the United States with the knowledge and permission or acquiescence of the USCIS and whose departure USCIS does not contemplate enforcing.
- Stay of Deportation
- Voluntary Departure
- Suspension of Deportation

Section E
Continued

Household Income List the types of money and the amount received by everyone listed in Section B

Types of Income	Name of Person (Who receives this income?)	List Type of income/ employer name	How much does the person receive? (before taxes)	How often is the income received? (weekly, every two weeks, monthly, other)
Example	Mary Smith	wages/XYZ Company	\$350	weekly
Earnings From Work: Includes wages, salaries, commissions, tips, overtime, self-employment				

Does your employer offer health insurance? Yes No If yes, Employer Name: _____

Unearned Income: Includes Social Security Benefits, disability payments, unemployment payments, interest and dividends, veteran's benefits, workers' compensation, child support payments/alimony, rental income				
Contributions: Money from relatives or friends, roomers or boarders (Include money that anyone gives you each month to help meet living expenses)				
Other: Temporary (cash) Assistance or Supplemental Security Income (SSI) payments, student grants or loans				

If no income, please explain
(for example, living with friend or relative): _____

Do you have to pay for childcare (or for care of a disabled adult) in order to work or go to school? Yes No

If Yes	Child's/adult's name:	How much? \$	How often (weekly, every two weeks, monthly)
		Child's/adult's name:	How much? \$

Section K
Continued

Health Plan Selection

Persons eligible for Child Health Plus B and Family Health Plus must join a health plan to receive their health services. Some people enrolled in Medicaid or Child Health Plus A may be required to join a health plan now and others may be required to join one soon. You may also use this section to pick a plan for Child Health Plus A and Medicaid.

NOTE: If you or a family member are found eligible for Medicaid or Child Health Plus A, and are in a county that does not require people to be in a health plan, we will still enroll you in this plan if it provides Medicaid, unless you tell us you do not want us to do this, by writing to the local social services department or checking this box.

Name of Applying Person	SS Number (if available)	Date of Birth	Health Plan	Doctor/ Health Center	Health Center Code (optional)	Dentist

DOCUMENTATION CHECKLIST

For Health Insurance

Applicant Name _____ Application Date _____

Your enrollment cannot be completed until all checked items are received. Please return these items by _____.
If you need help getting any of these items, let us know.

PROOF OF IDENTITY/DATE OF BIRTH AND RESIDENCE: You must show **ONE** of the documents listed in both categories to see if you are eligible for health insurance. Discuss this with the person helping you with your application. Photocopies are acceptable.

IDENTITY/DATE OF BIRTH
(not required for recertification)

- Drivers license/Official Photo identification
- Passport*
- Birth certificate*
- Baptismal/other religious certificate*
- Official School records
- Adoption records
- Official Hospital/doctor birth records*
- Naturalization certificate*
- Marriage records

* May also be used to document citizenship or immigration status.

RESIDENCY/HOME ADDRESS

(this must match the home address in Section A, and the proof must be dated within 6 months of the application)

- ID card with address
- Postmarked envelope, postcard, or magazine label with name and date (cannot use if sent to a P.O. Box)
- Drivers license issued within past 6 months
- Utility bill (gas, electric, cable), or correspondence from a government agency which contains name and street address
- Letter/lease/rent receipt with home address from landlord
- Property tax records or mortgage statement

PROOF OF CURRENT INCOME: You must provide a letter, written statement, or copy of check or stubs, from the employer, person or agency providing the income. Submit all that apply. Provide the most recent proof of income before taxes. The proof must be dated, include the employees name and show gross income for the pay period.

Wages and Salary

- Paycheck stubs
(4 consecutive weeks)
- Letter from employer on company letterhead, signed and dated
- Income tax return/W-2**
- Business records

Self-Employment

- Signed and dated income tax return and all Schedules**
- Records of earnings and expenses

Unemployment Benefits

- Award letter/certificate
- Benefit check
- Correspondence from NYS Dept. of Labor

Private Pensions/Annuities

- Statement from pension/annuity

Social Security

- Award letter/certificate
- Benefit check
- Correspondence from Social Security Administration

Child Support/Alimony

- Letter from person providing support
- Letter from court
- Child support/alimony check stub

Worker's Compensation

- Award letter
- Check stub

Veteran's Benefits

- Award letter
- Benefit check stub
- Correspondence from Veterans Administration

Military Pay

- Award letter
- Check stub

Interest/Dividends/Royalties

- Statement from bank, credit union or financial institution
- Letter from broker
- Letter from agent

Income from Rent or Room/Board

- Letter from roomer, boarder, tenant
- Check stub

Support from Other Family Members

- Signed statement or letter from family member

** W-2s or income tax returns for other than self-employed may be used for applications prior to April of the following year.
If later, you must include another form of documentation.

DOCUMENTATION CHECKLIST

For Health Insurance

DEPENDENT CARE COSTS:

- Written statement from day care center or other child/adult care provider
- Canceled checks or receipts

PROOF OF HEALTH INSURANCE:

- Insurance policy
- Certificate of Insurance
- Insurance card
- Termination Letter
- Medicare Card
- Other _____

IMMIGRATION STATUS: (not needed for pregnant women)

- DHS form I-551 (Green Card)
- USCIS form I-94, I-210 letter, I-220B, or I-181
- Other USCIS documentation or correspondence (I-688B, I-766, I-797)
- Other USCIS documentation, or correspondence to or from the USCIS, that shows that the alien is PRUCOL; that is, the alien is living in the U.S. with the knowledge and permission or acquiescence of the USCIS, and the USCIS does not contemplate enforcing the alien's departure from the U.S.

FOR MEDICAID, CHILD HEALTH PLUS A AND FAMILY HEALTH PLUS ONLY

Citizenship

- U.S. Birth Certificate
- U.S. Baptismal record, recorded within 3 months of birth
- U.S. Passport
- Naturalization certificate
- Official Hospital/doctor birth records

Resources

(persons age 19 and over, only if checked by interviewer)

- Bank Statement
- Life Insurance policy
- Deed or Appraisal for Real Estate
- Copies of stocks, bonds, securities
- Motor Vehicles—Estimate from dealer, "blue book" value
- Burial Agreement
- Trust Fund

PREGNANT WOMEN ONLY

Proof of Pregnancy

- Presumptive Eligibility Screening Worksheet completed by qualified provider
- Statement from medical professional with expected date of delivery
- WIC Medical Referral Form

MEDICAID/CHILD HEALTH PLUS A ONLY

For determination of eligibility for medical expenses from the past three months:

- Proof of income for the month(s) in which the expense was incurred
- Proof of residency/home address for the month(s) in which the expense was incurred

HEALTH INSURANCE AND NUTRITION

Family Health Plus Child Health Plus Medicaid PCAP • WIC



Health Insurance

Health insurance is available for most uninsured children under age 19, living in New York State under one of two programs: Child Health Plus A (children's Medicaid) or Child Health Plus B. Almost all children are eligible, regardless of how much your family earns or your child's immigration status.

Health insurance is available under Medicaid and Family Health Plus for most people aged 19 to 64, who have limited income and resources and who are citizens or who fall within one of many immigration categories.

What programs am I eligible for?

One application is used to apply for the following programs: Child Health Plus A and B, Family Health Plus, Medicaid, PCAP, Family Planning and WIC. Based on the information you give us, we will tell you which program you and/or your child(ren) may be eligible for.

What services are covered?

Important services such as regular medical check-ups, prescription drugs, hospital care, eye exams, eyeglasses, mental health services, and much more are covered. Child Health Plus A, Medicaid, and Family Health Plus have an added guarantee for persons under the age of 21, that provides for all necessary treatment through the Child/Teen Health Program. There are no deductibles or co-payments for children's health insurance.

Do I have to pay anything to join?

How much you pay depends on your family income. For most families, health insurance is free. Other families have to pay a small amount.

The chart below shows the amount of income (before taxes) at which you can get free or subsidized health insurance. For children under 19, if your income is more than these amounts, your child can get health insurance for a higher cost.

FAMILY SIZE	INCOME LIMITS			RESOURCE LIMITS
	ADULTS	CHILDREN UNDER AGE 19	PREGNANT WOMEN	PERSONS AGE 19 OR OLDER ONLY*
1	\$ 851	\$ 2,128	*	\$ 12,600
2	\$ 1,712	\$ 2,853	\$ 2,282	\$ 16,200
3	\$ 2,147	\$ 3,578	\$ 2,862	\$ 19,800
4	\$ 2,582	\$ 4,303	\$ 3,442	\$ 19,950
5	\$ 3,017	\$ 5,028	\$ 4,022	\$ 20,100
6	\$ 3,452	\$ 5,753	\$ 4,602	\$ 20,400
7	\$ 3,887	\$ 6,478	\$ 5,182	\$ 22,950
8	\$ 4,322	\$ 7,203	\$ 5,762	\$ 25,500

* NOTE: Effective January 1, 2007. Income levels change annually. This is just a guide. Adults without children may have a lower income level. Pregnant women count as 2 when determining family size.

How will I get my medical services?

People eligible for Family Health Plus and Child Health Plus B will receive their health care through health plans that have their own groups of doctors, hospitals and pharmacies. Before joining a plan, make sure your doctors are a part of that plan.

People eligible for Medicaid/Child Health Plus A/PCAP may also join a plan, or they may go to any doctor who accepts Medicaid or Child Health Plus A. You should talk to your doctor about what kind of health insurance he/she accepts.

What do I have to do to enroll?

It's now easier than ever to apply for health insurance. There are a lot of places in your neighborhood where you can get help. These places have experienced and friendly staff that are available on weekends and evenings to answer all of your questions and help you apply.

What is available for pregnant women?

New York State provides free health insurance for many pregnant women with limited income regardless of their immigration status under Medicaid and the Prenatal Care Assistance Program (PCAP). Pregnant women who participate in PCAP can receive a wide range of services designed to ensure a healthy pregnancy, including prenatal visits, health education, and specialty medical care. Services continue until two months after the pregnancy ends. Family planning services are available for 24 months after the pregnancy ends. After the baby is born, he or she will automatically receive health insurance for a year.

What is Women, Infants and Children (WIC)?

WIC is a program to improve the nutrition and health of women, and infants and children under age 5. WIC provides families with nutritious food, such as infant formula, milk, juice, cheese, eggs, cereal, dried beans/peas, and peanut butter. WIC also gives families nutrition and health education, and refers families to other health services. WIC is free for all eligible families.

What is the Family Planning Program?

This program covers health services and related drugs and supplies to maintain good reproductive health. Men and women of childbearing age may be eligible.

For Help Call:

To learn the nearest location where application assistance is available in your area, call:

For adults: 1-877-9FHPLUS

For children: 1-800-698-4543

GROWING UP HEALTHY

Health Insurance and Nutrition for Children, Teens and Pregnant Women Child Health Plus A and B, and WIC

PLEASE READ the entire application and INSTRUCTIONS before you fill it out. An incomplete application cannot be processed and will result in a delay of coverage. Print clearly in blue or black ink. If you need more room for any section, attach the Additional Information page.

Section A Contact Information Please tell us who you are and how to contact you.

NAME First		Middle Initial	Last	
Please give us a number where you can be reached, if we need to contact you for more information:	Phone #	Another Phone #	Primary Language Spoken	
HOME ADDRESS of the child(ren), teens under age 19, or pregnant woman applying for health insurance or WIC				
Street			Apt#	
City	State	Zip Code	County	
MAILING ADDRESS if different than the Home Address				
Street			Apt#	
City	State	Zip Code	County	

Section B Household Information List the names of children/pregnant women applying for health insurance and the names of their parents, step-parents or spouses living with them. You may also list other household members, at your option. List the head of household on line 1.

Name First, Middle Initial, Last	Date of Birth	Sex M/F	Is this person a parent of any applying child?	Is this person pregnant?	Relationship to Head of Household	Do the children/ pregnant women want health insurance?	APPLICANTS ONLY	
							Social Security Number (if available) <i>Not needed for pregnant women</i>	Race/ Ethnic Group (See Codes)
01 Maiden Name, if any:			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	HEAD OF HOUSEHOLD	<input type="checkbox"/> Yes		
02 Maiden Name, if any:			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		
03 Maiden Name, if any:			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		
04 Maiden Name, if any:			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		
05			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		
06			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		
07			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		
08			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		
09			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		
10			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		
Is anyone in the household a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name:				Is this a recertification? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Race/Ethnic Affiliation Codes: (optional)

A - Asian

I - American Indian or Alaskan Native

B - Black or African American

P - Native Hawaiian or other Pacific Islander

H - Hispanic or Latino

W - White

U - Unknown

Section C Health Insurance You or your family may still be eligible even if you have other health insurance.

1. Does anyone in the household already get Medicaid, Family Health Plus or Child Health Plus A? Yes No

If Yes	Name	CIN/ID#	Name:	CIN/ID#
	Name:	CIN/ID#	Name:	CIN/ID#

2. Does anyone who is applying already have other health insurance? Yes No

If Yes	Name of Policy Holder				
	Insurance Company Name	Group/Policy#	Monthly Cost \$		
	Person(s) Covered			End Date of Coverage	
	Name of Policy Holder				
If Yes	Name of Policy Holder				
	Insurance Company Name	Group/Policy#	Monthly Cost \$		
	Person(s) Covered			End Date of Coverage	
	Name of Policy Holder				

3. Is the parent/step-parent of any child applying a public employee who can get family coverage through a state health benefits plan? (see instructions) Yes No

If Yes Does the public agency where that person works pay all or part of the cost of this health plan? Yes No

4. 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? (If no, skip to Section D) Yes No

If Yes Was the health insurance through an employer? (If no, skip to Section D) Yes No

Your answers to these questions are required and will help us understand the reasons why people change their health insurance.

Why do the child(ren) no longer have the health insurance? (CHECK ONLY ONE)

- 1. The person who had the insurance no longer works for the employer that provided the insurance.
- 2. The employer stopped offering health insurance.
- 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.
- 4. The cost of the health insurance went up and it was no longer affordable.
- 5. Child Health Plus or Family Health Plus costs less than the insurance the person(s) used to have.
- 6. Child Health Plus or Family Health Plus offers better benefits than the insurance the person(s) used to have.

Section D

Citizenship Pregnant women do not have to complete this section. This information is needed only for those people applying for health insurance. Almost all children under age 19 are eligible for health insurance regardless of immigration status.

Is everyone who is applying a U.S. citizen? (if yes, skip to Section E) Yes No

If NO, please give the following information for all applying children who are not U.S. Citizens.

Your answers to these questions will be kept completely confidential.

First Name	M.I.	Last Name	Does this person belong to any of the categories listed below? Check the appropriate box.	If either A or B, enter date when the person entered the United States? (mm/dd/yy)
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> None	

A: Check A if the person is under one of the following categories:

- Legal Permanent Resident (green card holder)
- Asylee
- Cuban/Haitian Entrant
- Parolee for at least one year
- Native American born in Canada who is at least 50% Native American
- Some battered immigrants and/or children
- Refugee
- Amerasian
- Withholding of Deportation
- Conditional Entrant

B: Check B if the person is under one of the following categories:

- Order of Supervision
- Deferred Action status
- Parolee for less than one year
- Covered by an approved immediate relative petition
- Properly filed or granted application for adjustment of status
- Has lived continuously in the United States since before January 1, 1972
- Living in the United States with the knowledge and permission or acquiescence of the INS and whose departure INS does not contemplate enforcing.
- Stay of Deportation
- Voluntary Departure
- Suspension of Deportation

Section E Household Income List the types of money and the amount received by anyone listed in Section B

Types of Income	Name of Person (Who receives this income?)	List Type	How much does the person receive (before taxes)	How often is the income received? (weekly, every two weeks, monthly, other)
Example	Mary Smith	wages	\$350	weekly
Earnings From Work: Includes wages, salaries, commissions, tips, overtime, self-employment				
Unearned Income: Includes Social Security Benefits, disability payments, unemployment payments, interest and dividends, veteran's benefits, workers' compensation, child support payments/ alimony, rental income				
Contributions: Money from relatives or friends, roomers or boarders (Include money that anyone gives you each month to help meet living expenses)				
Other: Temporary (cash) Assistance or Supplemental Security Income (SSI) payments, student grants or loans				

If no income, please explain (for example, living with friend or relative):

Do you have to pay for childcare (or care for a disabled adult) in order to work or go to school? Yes No

If Yes	Child's/adult's name:	How much? \$	How often (weekly, every two weeks, monthly)
	Child's/adult's name:	How much? \$	How often (weekly, every two weeks, monthly)

Section F Housing Expenses

These questions help us determine the best program for the applicants. Answering these questions is optional if this application is only for children under the age of 19, or a pregnant woman

Monthly housing payment \$	Type of heat (gas, oil, etc.)	Is heat included in your housing payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	--------------------------------------	--

Section G Illness/Injury These questions help us determine which program is best for the applicants

Is anyone who is applying blind, disabled, handicapped, or have a chronic illness or special health care need? Yes No

If yes, Names: _____

Does anyone applying have an injury, illness, or disability that was caused by someone else, or that could be covered by insurance, other than health insurance (such as homeowner's or auto insurance)? Yes No

If yes, Names: _____

Does anyone who is applying have unpaid or recently paid medical bills from the past 3 months? (Medicaid or Child Health Plus A may be able to pay these bills.) Yes No

Section H WIC WIC is a free program that helps women, infants and children get the food they need for good health

If anyone in the household is pregnant, a new mother, or a child under five years of age, would you like to apply for WIC? Yes No

Section I Health Plan Selection for Child Health Plus B

Persons eligible for Child Health Plus B must join a health plan to receive their health services. Some people enrolled in Medicaid or Child Health Plus A may be required to join a health plan now and others may be required to join one soon. You may also use this section to pick a plan for Child Health Plus A and Medicaid.

NOTE: If you or a family member are found eligible for Medicaid or Child Health Plus A, and are in a county that does not require people to be in a health plan, we will still enroll you in this plan if it provides Medicaid, unless you tell us you do not want us to do this, by writing to the local social services department or checking this box.

Name of Applying Person	SS Number (if available)	Date of Birth	Health Plan	Doctor/Health Center	Doctor/Health Center Code (optional)	Dentist

Section J

I agree to having the information on this application shared only among the Child Health Plus, Medicaid, and WIC programs, the health plans indicated in Section H, the local social services district, and the facilitated enrollment organization providing the application assistance. I also consent to sharing this information with any school-based health center that provides services to the applicant(s). I understand this information is being shared for the purpose of determining the eligibility of those individuals applying to Child Health Plus, Medicaid, and/or WIC, or to evaluate the success of these programs. If information is obtained by telephone to complete an application, I agree that this information may also be shared with the above entities.

I agree that any licensed doctor, hospital, or other health care provider may give my Health Plan information about medical services enrolled members of my family have received, as requested, and to such an extent as may be reasonable and necessary for the operation and regulation of the Plan. This information will be kept confidential.

By signing this application, I understand that each person applying for Child Health Plus A or B, Medicaid, and/or WIC will be enrolled in the appropriate program, if eligible. I have also read and understand the Terms, Rights and Responsibilities included in this application booklet. I certify under penalty of perjury that everything on this application is the truth as best I know.

DATE SIGNATURE

DOCUMENTATION CHECKLIST

for Children, Teens and Pregnant Women

You must show one of the following documents to see if you are eligible for either Child Health Plus A or B (CHPlus) and/or WIC. Discuss this with the person helping you with your application. Photocopies are acceptable.

IDENTITY/DATE OF BIRTH

(not required for recertification)

- Driver's License/Official Photo identification
- U.S. Passport*
- Birth certificate*
- Baptismal/other religious certificate*
- Official School records
- Adoption records
- Official Hospital/doctor birth records
- Naturalization certificate*
- Other _____

**may also be used to document citizenship or immigration*

RESIDENCY

(this must match the home address in Section A, and the proof must be dated within 6 months of the application)

- ID card with address
- Postmarked envelope, postcard, or magazine label with name and date
- Drivers license issued within past 6 months
- Utility bill (gas, electric, cable), bank statement, or correspondence from a government agency which contains name and home address (not a P.O. Box)
- Letter/lease/rent receipt with home address from landlord
- Property tax records or mortgage statement

PROOF OF CURRENT INCOME: You must provide a letter, written statement, or copy of check or stubs, from the employer, person or agency providing the income. Submit all that apply. Provide the most recent proof of income before taxes. The proof must be dated, include the employees name and show gross income for the pay period.

Wages and Salary

- Paycheck stubs
(4 consecutive weeks worth)
- Letter from employer on company letterhead, signed and dated
- Income tax return**
- Business records

Self-Employment

- Signed and dated income tax return and all schedules**
- Records of earnings & expenses

Unemployment Benefits

- Award letter/certificate
- Benefit check
- Correspondence from NYS Dept. of Labor

Social Security

- Award letter/certificate
- Benefit check
- Correspondence from Social Security Administration

Child Support/Alimony

- Letter from person providing support
- Letter from court
- Child support/alimony check stub

Worker's Compensation

- Award letter
- Check stub

Income from Rent or Room/Board

- Letter from roomer, boarder, tenant
- Check stub

Military Pay

- Award letter
- Check stub

Veteran's Benefits

- Award letter
- Benefit check stub
- Correspondence from Veterans Administration

Interest/Dividends/Royalties

- Statement from bank, credit union, or financial institution
- Letter from broker
- Letter from agent

Private Pensions/Annuities

- Statement from pension/annuity

Support from Other Family Members

- Signed statement or letter from family member

****Income tax returns for other than self-employed must be for applications prior to April of the following year. If later, you must include another form of documentation.**

DOCUMENTATION CHECKLIST

for Children, Teens and Pregnant Women

DEPENDENT CARE COSTS:

- Written statement from day care center or other child care provider Canceled checks or receipts

PROOF OF HEALTH INSURANCE:

- Insurance policy Certificate of Insurance Insurance card
 Termination Letter Other _____

IMMIGRATION STATUS:

- INS form I-551 (Green Card)
 INS form I-94
 Official Hospital/doctor birth records
 INS form I-220B
 INS I-210 letter
 INS form I-181
 Other INS documentation, or correspondence to or from the INS, that shows that the alien is PRUCOL; that is, the alien is living in the U.S. with the knowledge and permission or acquiescence of the INS, and the INS does not contemplate enforcing the alien's departure from the U.S.

FOR MEDICAID, CHILD HEALTH PLUS A AND FAMILY HEALTH PLUS ONLY

- Social Security Number**
(not required for recertification)
 Social security card
 Application for Social Security # (SS-5)
 Correspondence from Social Security
 Tax Return
- Citizenship**
(not required for recertification)
 U.S. Birth Certificate
 U.S. Baptismal record, recorded within 3 months of birth
 U.S. or other Passport
 Naturalization certificate

PREGNANT WOMAN ONLY

- Proof of Pregnancy**
 Presumptive Eligibility Screening Worksheet completed by qualified provider
 Statement from medical professional with expected date of delivery
 WIC Medical Referral Form

MEDICAID/CHILD HEALTH PLUS A ONLY

For determination of eligibility for medical expenses from the past three months:

- Proof of income for the month(s) in which the expense was incurred
 Proof of residency/home address for the month(s) in which the expense was incurred

Your enrollment cannot be completed until all checked items are received.

Please return these items by _____ . If you need help getting any of these items, let us know.

**DETERMINING IF YOU NEED TO PAY A PREMIUM
BASED ON YOUR MONTHLY INCOME***

(if so, the first month's payment must be included with your application)

Family Size	Free	\$9 per child per month (maximum \$27)	\$15 per child per month (maximum \$45)	Full premium per child
1	\$1,181	\$1,640	\$1,846	Over \$1,846
2	\$1,591	\$2,209	\$2,488	Over \$2,488
3	\$2,002	\$2,779	\$3,130	Over \$3,130
4	\$2,413	\$3,349	\$3,771	Over \$3,771
5	\$2,823	\$3,919	\$4,413	Over \$4,413
Each additional person, add	\$411	\$570	\$642	

*Effective January 1, 2002. Income levels increase yearly.
Note that coverage for children under age one is free at higher income levels.

TERMS, RIGHTS AND RESPONSIBILITIES

RIGHTS AND RESPONSIBILITIES

By completing and signing this application, I am applying for Medicaid, Child Health Plus (CHPlus) and/or the Special Supplemental Food Program for Women, Infants and Children (WIC). I understand that this application, notices and other supporting information will be sent to the program(s) for which I want to apply. I agree to the release of personal and financial information from this application and any other information needed to determine eligibility for these programs. I understand that I may be asked for more information. I agree to immediately report any changes to the information on this application.

- I understand that I must provide the information needed to prove my eligibility for each program. If I have been unable to get the information for Medicaid, I will tell the social services district. The social services district may be able to help in getting the information.
- I understand that workers from the programs for which I or family members have applied may check the information given by me for this application. The agencies that run these programs will keep this information confidential according to 42 U.S.C. 1396a (a)(7) and 42 CFR 431.300-431.307, the WIC regulations at 7 CFR 246.26(d), and any federal and state laws and regulations.
- By applying for CHPlus B, I agree to pay the applicable premium contribution not paid by New York State.
- I understand that Medicaid and Child Health Plus will not pay medical expenses that insurance or another person is supposed to pay, and that if I am applying for Medicaid I am giving to the Medicaid agency all of my rights to receive medical support from a spouse or parents of persons under 21 years old and my right to third party payments for the entire time I am on Medicaid.
- I understand that I have the right to claim good cause not to cooperate in using health insurance if its use could cause harm to my health or safety or to the health and safety of someone I am legally responsible for.
- I understand that my eligibility for these programs will not be affected by my race, color, or national origin. I also understand that depending on the requirements of these individual programs, my age, sex, or disability status may be a factor in whether or not I am eligible.
- I understand that anyone who knowingly lies or hides the truth in order to receive services under these programs is committing a crime and subject to federal and state penalties and may have to repay the amount of benefits received and pay civil penalties. The New York State Department of Tax and Finance has the right to review income information stated on this form.

I have been told the rights and benefits that I will have as a member of a health plan and the benefit limitations of managed care membership. I know that in Medicaid Managed Care, I must choose a Primary Care Provider (PCP) and that I will have a choice from at least three (3) PCPs in my health plan. I understand that once I enroll in a plan, I will have to use my PCP and other providers in my health plan except in a few special circumstances.

I know that if a child is born to me while I am a member of a health plan, my child will be enrolled in the same plan that I am in. I know that if a child is born to me while I am a member of a Managed Care Program plan that also participates in Medicaid, my child will be enrolled in the same plan that I am in.

I consent to my PCP and any hospital, licensed physician, other health care provider or the New York State Department of Health (SDOH) giving my health plan and any providers in the plan that provide treatment to me and family members for whom I can give consent, any medical information about me/family members that is reasonably necessary to manage my/our care. This information includes HIV or alcohol and substance abuse information about me and/or members of my family for whom I can consent. I know that my consent will expire when my Medicaid benefits end.

I know and agree that my health plan and the providers in my health plan can share my medical records and other information regarding treatment provided to me through the plan, such as provider billing records, with SDOH and other authorized federal, state, and local agencies, for purposes of administration of the Medicaid program.

TERMS, RIGHTS AND RESPONSIBILITIES

SOCIAL SECURITY NUMBER (SSN)

WIC and CHPlus: SSNs are not required to enroll in CHPlus B or WIC. If available, I will include it for children applying for CHPlus A or B and WIC. SSNs are not required for pregnant Medicaid applicants or non-qualified aliens. SSNs are not required of legally responsible adults or any other person residing in the Medicaid applicants' household who is not applying for Medicaid. SSNs are required only for Medicaid applicants who are not pregnant. I understand that this is required by Federal law at 42 U.S.C. 1320b-7 (a) and by Medicaid regulations at 42 CFR 435.910. The Medicaid agency will use the SSN to verify my income, eligibility, and the amount of medical assistance payments made on my behalf. The information may be matched with the records in other agencies, such as the Social Security Administration, Internal Revenue Service or State Department of Taxation and Finance. Also, if I apply for other programs in this joint application, those programs will have access to my SSN and could use it in the administration of the program.

FOR MEDICAID APPLICANTS ONLY

RELEASE OF EDUCATIONAL RECORDS

I give permission to the Local Department of Social Services and New York State to obtain any information regarding the educational records of my child(ren), herein named, necessary for claiming Medicaid reimbursement for health-related educational services, and to provide the appropriate federal government agency access to this information for the sole purpose of audit.

FOR MEDICAID APPLICANTS ONLY

REIMBURSEMENT OF MEDICAL EXPENSES

I understand that I have a right as part of my Medicaid application, or later, to request reimbursement of expenses I paid for covered medical care, services and supplies received during the three month period prior to the month of my application. After the date of my application, reimbursement of covered medical care, services and supplies will only be available if obtained from Medicaid-enrolled providers.

FOR OFFICE USE ONLY

To be completed by the person assisting with the application

Signature of Person Who Obtained Eligibility Information: X	Employed By: <input type="checkbox"/> Community-Based Facilitated Enrollment Agency Specify _____ <input type="checkbox"/> Health Plan <input type="checkbox"/> Social Services District <input type="checkbox"/> Provider Agency
---	--

To be completed by Facilitated Enrollers

Facilitated Enroller Name:		Lead Agency:	Lead Org. ID
Application Start Date: mm/dd/yy	Application Sequence Number:	Application Completion Date: mm/dd/yy	Enter Code of Applying Child: Medicaid CHPlus

To be used by the Local Social Services District

Eligibility Determined By:	Date:	Eligibility Approved By:	Date:
Center Office:	Application Date:	Unit ID:	Worker ID:
Case Name:	District:	Case Type:	Case No:
Effective Date:	MA Disposition Reason Code: <input type="checkbox"/> Denial Code <input type="checkbox"/> Withdrawal	Proxy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Registry No: Ver:

To be used by Child Health Plus Plans

CHPlus Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Denial Code:	Effective Date:	# Children Enrolled (CHPlus):
--	--------------	-----------------	-------------------------------