

medicaid
and the uninsured

ELIMINATING THE MEDICAID
ASSET TEST FOR FAMILIES:
A REVIEW OF STATE EXPERIENCES

Prepared by

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The Kaiser Commission on Medicaid and the Uninsured

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The Kaiser Commission on Medicaid and the Uninsured serves as a policy institute and forum for analyzing health care coverage and access for the low-income population and assessing options for reform. The Commission, begun in 1991, strives to bring increased public awareness and expanded analytic effort to the policy debate over health coverage and access, with a special focus on Medicaid and the uninsured. The Commission is a major initiative of the Henry J. Kaiser Family Foundation and is based at the Foundation's Washington, D.C. office.

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TABLE of CONTENTS

Results in Brief	i
Introduction	1
Background	2
Asset Testing Concepts	2
Asset Testing for Families	3
Methodology	4
Description of Study States	5
Reasons for Eliminating the Medicaid Asset Test for Families	6
State Experiences with Asset Tests for Families	8
States' Process for Eliminating the Asset Test	9
Impact on State Eligibility Workers	10
Impact on Families Applying for Medicaid	11
Impact on Program Administration	13
Overall Impact of Eliminating the Asset Test for Families	15
Policy Implications	16
 Appendices	
Appendix 1: Asset Testing Options for Parents in Low-Income Families under Section 1931	17
Appendix 2: Medicaid Income Eligibility Levels and Asset Rules for Parents in Low-Income Families	19
Appendix 3: Medicaid/CHIP Income Eligibility Levels and Asset Tests for Children	21
Appendix 4: Sample State Medicaid Applications Before and After the Elimination of the Asset Test	23

Results in Brief

As a result of changes as part of welfare reform in 1996, states now have new flexibility in Medicaid to broaden eligibility rules and simplify enrollment processes for families. Among these new options, states can choose to eliminate the asset test for parents in low-income families.

To qualify for Medicaid, applicants must meet both income and resource thresholds. The resource test counts the assets that applicants may have available to them beyond their earnings and other income. Assets usually include items such as cars and savings accounts, but not the home in which the applicant lives. While most states have chosen to eliminate the asset test when determining Medicaid eligibility for children, they have been slower to lift the requirement for parents.

As of July 2000, nine states and the District of Columbia have removed the Medicaid asset test for adults in families. This study, based on structured interviews with Medicaid officials from these states, found that the elimination of the asset test enabled states to:

- Streamline the eligibility determination process;
- Adopt automated eligibility determination systems;
- Improve the productivity of eligibility workers;
- Establish Medicaid's identity as a health insurance program distinct from welfare;
- Make the enrollment process for families friendlier and more accessible; and
- Achieve Medicaid administrative cost savings.

The surveyed states generally found that, despite being cumbersome for agency staff to administer and onerous for applicants to document, an asset test actually kept few families from meeting Medicaid eligibility requirements and may have prevented some from completing the application process. State officials in the surveyed states agreed that eliminating the asset test for families was a success on a number of fronts:

"[It has helped achieve] administrative simplicity." —*Delaware*

"Our goal was to make...expanded Medicaid eligibility simple for families and for the agency—having no asset test met those goals." —*District of Columbia*

"[It] made the workload more manageable for eligibility workers. It was simplifying while still considering all the factors important to eligibility." —*Massachusetts*

"It was a wise decision, from the perspective of children and families, and from the agency's perspective."
—*Mississippi*

“[It] was an important part of a package of changes that resulted in savings, because the process took less paper and less time.” —*Missouri*

“Efforts required by agency staff have been reduced.” —*New Mexico*

“Dropping the asset test was a very good thing in terms of access.” —*Ohio*

“It has paid off in worker attitude and in potential applicants who view the process like enrolling in commercial insurance.” —*Oklahoma*

“It has been extremely successful in terms of making access to Medicaid simpler for families.”
—*Pennsylvania*

“It would cost more in administrative costs than the savings in denying care to low-income people.”
—*Rhode Island*

Since July 2000, five more states (Arizona, Connecticut, Illinois, New Jersey, and South Carolina) have eliminated the asset test for adults in families and several states are currently considering the option. In addition, three states (New York, Vermont, and Wisconsin) have eliminated the asset test for families applying for Medicaid coverage under their Section 1115 waivers.

Introduction

During the late 1980s and early 1990s, states expanded Medicaid coverage to reach more low-income children and pregnant women. The implementation of the State Children's Health Insurance Program (CHIP) in the late 1990s has fueled state efforts to find and enroll as many eligible children in CHIP and Medicaid. To support these eligibility expansion efforts, Medicaid programs often chose to simplify the enrollment process for these eligibility groups as much as they could. For example, many states shortened their application forms, reduced the amount of required documentation for application information, and eliminated the need for a face-to-face interview.¹ These measures were almost entirely limited to Medicaid eligibility categories for "poverty-level" children and pregnant women, and not welfare-related categories. In the process of applying these simplification procedures for children and pregnant women, however, states gained valuable experience about the possible impact of streamlining Medicaid eligibility for other groups as well.

In 1996, federal welfare reform provided state Medicaid programs with a new authority to set eligibility rules for families that were designed especially for Medicaid, and which were not "linked" to the eligibility rules that applied to welfare. With this new flexibility, many states undertook initiatives specifically intended to simplify their Medicaid eligibility forms, processes, and rules for adults and children in low-income families.

One of the Medicaid eligibility rules that states have looked to reform is the asset test. An asset test counts the resources, such as savings accounts, that applicants may have available to them beyond their earnings and other income, up to a fixed dollar limit. States have generally established different eligibility rules and processes for children than for other eligibility groups and most have eliminated the asset test when determining Medicaid eligibility for children. However, states have been slower to lift the asset test requirement for low-income parents.

As of July 2000, nine states (Delaware, Massachusetts, Mississippi, Missouri, New Mexico, Ohio, Oklahoma, Pennsylvania, and Rhode Island) and the District of Columbia had dropped their Medicaid asset test for parents in their family coverage category.² Since then, five more states (Arizona, Connecticut, Illinois, New Jersey, and South Carolina) have eliminated the asset test for families. In addition, New York, Vermont, and Wisconsin have dropped the asset test for families applying for Medicaid coverage under their Section 1115 waiver. However, very little research exists about the process that states went through to make this important policy decision and the consequences of this policy shift.

This report describes the options available to states to raise asset limits or eliminate the asset test altogether for adults in families applying for Medicaid. In addition, the paper examines the impact of state decisions to remove the asset test for families upon Medicaid agency staff, program participants, and program administration and cost from the perspective of state Medicaid officials responsible for eligibility policy.

¹ Donna Cohen Ross and Laura Cox, *Making It Simple: Medicaid for Children and CHIP Income Eligibility Guidelines and Enrollment Procedures*, Kaiser Commission on Medicaid and the Uninsured, October 2000.

² Based on a survey by the Center on Budget and Policy Priorities, reflecting Medicaid eligibility policies in effect on July 31, 2000.

Background

Medicaid is a means-tested, federal-state program that purchases health and long-term care benefits for certain low-income individuals, including families with children. In order to qualify for Medicaid, individuals must meet five broad requirements for eligibility: categorical; income; resource; immigration status; and residency. This paper focuses on one of those requirements—resources³—as it applies to parents of low-income children.

Medicaid eligibility criteria relating to resources, or assets, are set by each state. The federal government has given states a number of policy options with respect to Medicaid's resource criteria. Different states have made different policy decisions regarding resource eligibility criteria for parents of low-income children, resulting in wide variation from state to state.

Asset Testing Concepts

Resources, or assets, are items of personal or real property, such as savings accounts, cars, and land other than the homestead. In administering resource eligibility criteria, state Medicaid programs first establish resource *standards*. Using a resource *methodology*, states then determine whether an individual's resources are less than the standard. If so, the individual meets the asset test for Medicaid eligibility. (If the individual also meets the categorical, income, immigration status, and residency requirements, the individual qualifies for Medicaid).

A resource *standard* is a dollar amount—typically \$1,000 to \$3,000 in the case of an individual in a family with children. In contrast to some of the Medicaid *income* standards, which are tied to the federal poverty level (e.g., 100 percent, 133 percent, 185 percent of poverty), Medicaid resource standards are generally not indexed to inflation or otherwise adjusted on an annual basis.

A resource *methodology* determines which assets are counted and how they are valued. For example, the home in which an individual lives (and the land on which it is located) are generally not countable assets, regardless of their value. Similarly, furniture and clothes of limited value are generally not considered countable assets. In such cases, the asset is said to be exempt or its value disregarded.

Most other assets, such as savings accounts, tend to be countable, although the state's resource methodology may not count the entire value of the asset. For example, the family car is an asset. In some states, the car, regardless of its value, is not counted in determining whether the individual meets the state's resource standard. Other states disregard the value of one vehicle up to a certain amount—e.g., up to

³The Medicaid statute and regulations use the term "resources" to include personal or real property (§1931 (a)(1)(A), (B) of the Social Security Act). States generally refer to resources as "assets." The terms are used interchangeably in this report.

\$4,650 in fair market value (what the car could be sold for), or up to \$9,500 in equity value (the difference between what the car could be sold for and what the individual owes on the car).

Asset Testing for Families

Historically, the primary Medicaid eligibility pathway for parents was receipt of Aid to Families with Dependent Children (AFDC) cash assistance. The Medicaid program was largely an adjunct to the welfare program; families receiving AFDC payments automatically qualified for Medicaid coverage. The general rules for Medicaid eligibility for adults in families with children were the same as those for the AFDC program and were based on AFDC's income and asset limits.

With welfare reform, Congress repealed the AFDC program and replaced it with the Temporary Aid to Needy Families (TANF) block grant. In addition, the automatic connection between Medicaid and welfare eligibility was severed, "delinking" Medicaid coverage for families from the welfare system. These changes presented states with the opportunity to reshape Medicaid's identity as a welfare program to a health insurance program for the low-income population. Under the new "Section 1931" authority,⁴ states are now able to set Medicaid eligibility rules for both income and assets that differ from eligibility rules for welfare for adults in families. The new options include increasing resource standards beyond the old AFDC levels and using "less restrictive" methodologies to count assets, permitting the elimination of the asset test altogether. This report focuses on the state experiences around eliminating the asset test for adults in families;⁵ a discussion of the other state options can be found in Appendix 1.

It is important to note that states have had the option of eliminating the asset test for low-income children applying for Medicaid since 1988 through "Section 1902(r)(2)" authority.⁶ As of July 2000, 41 states have lifted the asset test when determining Medicaid eligibility for children though most have retained asset limits for their parents.⁷

⁴Reference is to Section 1931 of the Social Security Act. Section 1931 eligibility is a new Medicaid eligibility pathway for low-income families that is not tied to receipt of welfare cash assistance.

⁵The focus of this paper is on the elimination of the asset test for low-income parents. Other adults including the disabled and the elderly who may need long-term care and other services, may still be subjected to a asset test when applying for Medicaid. In most states, asset limits for these groups are tied to the Supplemental Security Income (SSI) program. The SSI resource standards for 2001 are \$2,000 for an individual and \$3,000 for a couple.

⁶Section 1902(r)(2) of the Social Security Act was enacted in the Medicare Catastrophic Coverage Act of 1988, P.L. 100-360. Like Section 1931 authority for parents, Section 1902(r)(2) enables states to use "less restrictive" methodologies to count assets for poverty-level children and certain other eligibility categories, allowing a relaxation of the asset test or its elimination altogether.

⁷Donna Cohen Ross and Laura Cox, *Making It Simple: Medicaid for Children and CHIP Income Eligibility Guidelines and Enrollment Procedures*, Kaiser Commission on Medicaid and the Uninsured, October 2000.

Methodology

To examine the issues around the decision to remove the asset test for adults in families applying for Medicaid, The Kaiser Commission on Medicaid and the Uninsured engaged Health Management Associates to survey the nine states and the District of Columbia that have eliminated the asset test for parents under Section 1931 as of July 2000.⁸ Interviews with senior state officials, including Medicaid directors and other state officials responsible for eligibility policy, were conducted by telephone during the months of January and February 2001 in all ten jurisdictions. To guide the discussions, a structured interview was used to address the following issues:

- What has been the states' experience with the Medicaid asset test for families?
- What was the policy rationale for eliminating the asset test?
- What was the process through which the policy change occurred?
- How has the policy change affected the work of Medicaid eligibility workers and agency staff?
- How has the policy change affected the enrollment experiences of Medicaid applicants?
- What impact has this policy change had on the Medicaid program including administrative costs, enrollment, and the Medicaid eligibility error rate?
- What is the general assessment about the impact of this policy?

After completing the telephone interviews, participating state officials reviewed and confirmed the information included in this report.

⁸Five more states (Arizona, Connecticut, Illinois, New Jersey, and South Carolina) have since eliminated the Medicaid asset test for adults in families and several more states are considering the option. States that have eliminated the asset test for families under their Section 1115 waivers (New York, Vermont, and Wisconsin) were not included in this study because they continue to ask families about their assets under their Section 1931 pathways, thereby retaining a potential eligibility and enrollment barrier for low-income families.

Description of Study States

Income Eligibility Standards for Families. The income eligibility standards for adults in families in the study states range from 39% of poverty (\$5,518 for a family of 3 in 2000) in Mississippi to 200% of poverty (\$28,300 for a family of 3 in 2000) in the District of Columbia (Table 1).

Implementation Date. From 1993 to 2000, the ten study jurisdictions dropped their Medicaid asset tests for parents over four time periods:

1. Two states dropped their Medicaid asset tests for all family cases prior to the adoption of national welfare reform (Pennsylvania in 1993 and Massachusetts in 1995);
2. One state dropped its Medicaid asset test for adults in families concurrent with the implementation of its welfare reform (Ohio in October 1997);
3. Two states and the District of Columbia dropped their Medicaid asset tests for families with the implementation of their State Children’s Health Insurance Programs (Oklahoma in December 1997, Missouri in July 1998, and the District of Columbia in October 1998); and
4. Four states dropped their Medicaid asset tests for parents between November 1998 and February 2000 (Rhode Island with an expansion of coverage to parents, and Delaware, Mississippi and New Mexico as part of an initiative to simplify and coordinate eligibility for family programs).

**Table 1:
Income Eligibility Standards and Asset Test Elimination Dates for Study States**

State	Income Eligibility Standard for Parents as a Percent of Poverty ¹	Date the Medicaid Asset Test for Families Was Eliminated
Pennsylvania	68%	June 1993
Massachusetts	133%	July 1995
Ohio	100%	October 1997
Oklahoma	50%	December 1997
Missouri	108%	July 1998
District of Columbia	200%	October 1998
Rhode Island	185%	November 1998
Mississippi	39%	July 1999
Delaware	108%	October 1999
New Mexico	60%	February 2000

¹Source: Center on Budget and Policy Priorities, July 2000.

Note: The Federal Poverty Level (FPL) for a family of three in 2000 was \$14,150.

Eligibility Policies for Children. Low-income parents can choose to apply for Medicaid coverage for their children only. When determining the eligibility of just the child, different eligibility levels are used. In all but one of the study states, income eligibility levels for children have been expanded to 200% or greater of the federal poverty level (Appendix 3) under either Medicaid or CHIP. In addition, all study states have dropped the asset test for children under both Medicaid and CHIP.

Reasons for Eliminating the Medicaid Asset Test for Families

The overarching objective common to all states that eliminated the Medicaid asset test for families was the desire to simplify the eligibility application process. According to state Medicaid officials, dropping the asset test was seen as assisting the agency in moving toward other larger goals including:

- Streamlining of the eligibility determination process;
- Improving productivity of eligibility workers;
- Allowing the adoption of automated eligibility determination systems;
- Moving Medicaid away from some of the hassle associated with welfare eligibility rules; and
- Finding and enrolling eligible families that might not have initiated or completed their application for Medicaid when the process was more difficult.

**Table 2:
Reasons for Eliminating the Medicaid Asset Test for Families in Study States**

State	Primary Reasons Reported by Study States
Pennsylvania	<ul style="list-style-type: none"> • Enroll more children into and coordinate the application process for Medicaid and the state-only program for children¹ • Streamline and simplify the application process • Increase access to health care coverage for families with limited income • Implement a streamlined application form
Massachusetts ²	<ul style="list-style-type: none"> • Improve worker productivity • Minimize state resources to process applications and handle redeterminations • Achieve administrative savings • Simplify the process for beneficiaries
Delaware	<ul style="list-style-type: none"> • “Administrative simplicity.” • Facilitate the use of a new automated eligibility system
Ohio	<ul style="list-style-type: none"> • Delink Medicaid from welfare • Simplify the system for state staff and applicants
Oklahoma	<ul style="list-style-type: none"> • Delink SoonerCare (i.e., Medicaid for families) from welfare • “Reach out to eligibles and make the process more applicant-friendly.” • Save general fund administrative dollars
Missouri	<ul style="list-style-type: none"> • Make the system simple • Reduce the paperwork burden on eligibility staff
District of Columbia	<ul style="list-style-type: none"> • Keep consistent to prior policy of not applying an asset test to poverty-related Medicaid categories children or pregnant women • “Make expanded Medicaid eligibility simple for families and for the agency.”
Rhode Island	<ul style="list-style-type: none"> • Keep consistent to prior policy of not applying an asset test to poverty-related Medicaid categories children or pregnant women • Facilitate use of a streamlined, mail-in application process
Mississippi	<ul style="list-style-type: none"> • Achieve comparable policies for all “Medicaid-only” categories • Streamline and simplify eligibility for families with children
New Mexico	<ul style="list-style-type: none"> • Remove procedural barriers • Make eligibility requirements parallel to other categories for women and children for which the asset test had been dropped • Allow the application to be processed through a new streamlined, automated process designed for Medicaid-only applications

¹Pennsylvania implemented a state-only program for children called “Child Health Insurance Program” in 1993 which was later grandfathered in under the federal “State Children’s Health Insurance Program” legislation in 1997. The state was able to drop the asset test for families under Section 1902(r)(2).

²Eliminated the asset test for all low-income families as part of a Section 1115 health care reform initiative.

State Experiences with Asset Tests for Families

Each state indicated that the asset test for families had been difficult to administer and that it had little effect on limiting eligibility. The actual effect was to delay eligibility determinations and to make the process more difficult for applicants and for the agency itself.

For applicants, imposing an asset test resulted in a cumbersome process that required them to locate bank statements, insurance policies, and other documentation necessary to verify the value of their resources. For some, the process itself discouraged completion of the application, even though they were actually eligible.

For the agency, an asset test required eligibility workers to review the documentation and certify that all the verifications were in order, placing a heavy administrative burden on eligibility workers. This was a key issue for states as eligibility workers are almost universally overworked and state agencies are perennially short of staff for processing applications for public assistance and Medicaid.

Asset tests required significant staff investment. Several states mentioned that the administrative process for the asset test was resource-intensive for state staff. For example, Ohio officials reported that with an asset test, eligibility determinations required a face-to-face interview during which the applicant would provide documentation of income and assets. The worker would get a release from the applicant to verify income and assets, and would then begin the process of obtaining the necessary verifications from employers, banks, and insurance companies. Ohio officials indicated that this process was very costly in terms of the state's resources and few applicant families had countable assets in excess of the limits.

Few denials due to assets. Despite this outlay in state time and energy, officials uniformly reported that only a small number of denials for Medicaid coverage were due to excess assets:

"You don't find a lot of low-income families with assets." —*Pennsylvania*

"There were few administrative denials of eligibility due to excess assets...and...few applicants were denied or closed at redetermination due to assets." —*Massachusetts*

"Even at the income eligibility level of 250% of the poverty level, assets mean nothing [and very few cases were denied.]" —*Missouri*

"... an asset test means little from an eligibility limiting perspective." —*District of Columbia*

"The cost the eligibility agency was incurring exceeded the cost of benefits that might have been denied. These families are usually young, and we would rarely see younger families with assets. The process is slow and cumbersome to verify bank account balances and the cash value of life insurance. It delays the eligibility process and resulted in so few denials that it was cheaper to make them eligible for the benefit without checking." —*Oklahoma*

Among the study states, only New Mexico had data on the number of applicants that were denied enrollment in Medicaid because of excess assets. Its records showed an average of 38 applicants per month were denied eligibility due to the asset test before it was lifted.

States' Process for Eliminating the Asset Test

Mechanism for policy change. In some states, a policy change like dropping the asset test for Medicaid requires an official act of the legislature. In other states, it can be accomplished through administrative action. Among all states in this survey, the policy change was implemented by administrative action, most commonly under the State Administrative Procedures Act. Typically this involved public hearings and a Medicaid State Plan Amendment (along with a Section 1115 Medicaid waiver in Massachusetts, Missouri, and Rhode Island). In several study states, there was a parallel process of concurrence by the legislature through the budget process.

Champions for change. Interestingly, the theme among these states is that the champion for change came within the agency. None of these states described being pushed by advocates to adopt this policy change, although all states indicated that client advocates supported the policy once it was proposed. It was the public officials themselves who first recognized the opportunity and benefits of eliminating the asset test for adults in families, and who advocated for its adoption. Dropping the asset test was viewed as a means to simplify the application process, enabling the agency to pursue its broader goals of reducing the administrative burden on its staff and facilitating the enrollment of eligible families.

Issues to address. In some states, there were certain issues that had to be worked through before the policy was adopted. For example:

- **Massachusetts's** officials indicated that initially there were reservations about not considering assets until the agency conducted a study that showed that it would cost very little to adopt this policy.
- In **New Mexico**, there was concern that land-rich individuals might become eligible. However, it was found that most such individuals lived on their land, so this resource would have been excluded from the resource methodology anyway.
- In **Oklahoma**, there was some fear about the potential for abuse. Officials indicated that “we always predicted that there would be a case with a large amount of assets. However, one hasn't been brought to our attention as of yet.”

Other policy changes. It is important to note that eliminating the asset test was just one among several initiatives that state Medicaid agencies were adopting simultaneously. A common experience the states in this study was that welfare reform and the State Children's Health Insurance Program were being implemented at about

the same time. State Medicaid agencies were engaging in broad outreach campaigns and considering other enrollment simplification policies in an effort to establish Medicaid's identity as a health insurance program for the low-income population and to reach out to and enroll eligible families in Medicaid.

Impact on State Eligibility Workers

Administrative simplification and workload reduction were important considerations for several states in their decision to eliminate the Medicaid asset test for families. The experience of the ten states in this study would indicate that these objectives were achieved.

Automated eligibility systems. Removing the asset test for families was perhaps most significant in the states that were adopting a new automated eligibility determination system, including Delaware, Massachusetts, and New Mexico. In these states, the verifications required for an asset test would have added significant complexity and made the use of an automated system more difficult.

Easier administration and increased worker productivity. Several states noted that they were facing staffing shortages and de facto hiring freezes for eligibility workers. Eliminating the asset test for families significantly streamlined the administrative process and eased the workload for agency staff by reducing their need to verify applicant resources and by enabling states to automate more of the eligibility determination process.

Rhode Island indicated that the simplification was beneficial because it was unlikely that they would ever add staff and Massachusetts reported that removing the asset test improved staff efficiency as measured by the number of applications or redeterminations that could be handled per worker. Other states echoed these sentiments:

Not having an asset test made the program “easier to administer.” —*Mississippi*

Eliminating the asset test was a “removal of a procedural barrier” and “efforts required by agency eligibility staff have been reduced.” —*New Mexico*

Dropping the asset test for families “made the workload more manageable for eligibility workers. It was simplifying while still considering all the factors important to eligibility.” —*Massachusetts*

“By not having an asset test, we could ask fewer questions and the eligibility workers' jobs would be easier.” —*District of Columbia*

Redefined agency focus on enrollment. Eliminating the asset test for adults in families represented to some Medicaid eligibility staff a shift in the agency’s focus from preventing ineligible applicants from enrolling in Medicaid to increasing the enrollment of all eligible families. Missouri noted that this policy change, along with other enrollment simplification changes such as the use of telephone centers to assist in Medicaid application, contributed to an initial “culture shock” among eligibility staff who were used to making people prove that they were eligible. Other states indicated similar changes in agency direction:

Removing the asset test for families has “dramatically reduced” staff time required to process an application, changing the agency’s focus from “processing cumbersome applications” to outreach, continuous eligibility, and streamlined recertification. —*Oklahoma*

“The county offices were shocked that we would do something this simple. We charged local offices to meet with school nurses, WIC, Head Start, hospitals, and others to discuss how it was now simple to enroll in Medicaid.” —*Pennsylvania*

Increased enrollment at the community level. The benefits of a simpler administrative process with the elimination of the Medicaid asset test for parents were not confined to Medicaid agency staff. The streamlined application process also made Medicaid outreach and enrollment at the community level more successful.

New Mexico officials indicated that there was “increased application activity at PE/MOSSA [presumptive eligibility] sites, i.e., hospitals, schools, IHS [Indian Health Services] facilities, PCPs [primary care providers], public health clinics, RTCs [Residential Treatment Centers], Head Starts, FQHCs [Federally Qualified Health Centers], etc.” New Mexico’s approach earned mention by the Health Care Financing Administration as a “Best Practice” in their TANF/Medicaid de-linking review. In addition, the agency noted that it had gained the good will of advocates for its efforts.

Impact on Families Applying for Medicaid

All states saw the dropping of the asset test as helping families. Dealing with the Medicaid eligibility process may never be easy, but eliminating the asset test certainly made it easier by simplifying the application form, promoting a more accessible enrollment process, further severing the link between welfare and Medicaid, and enabling greater use of community resources in outreach and enrollment.

Simpler, shorter application. In each state, the Medicaid application is simpler after removing the asset test. Some of the typical examples are Missouri, where the application went from 22 pages to 2 pages, and Oklahoma, where the application was

shortened from 12 pages to 2 pages (Appendix 4). It is important to note, however, that none of the states indicated that the elimination of the asset test was the primary reason for the simpler application form. Instead, the dropping of the asset test was one of several streamlining changes occurring.

Friendlier enrollment process. Every state official agreed that eliminating the asset test for adults in families streamlined the process and made it more likely that families that initiated the enrollment process would see it to the end and enroll in Medicaid.

The process of applying is now “less intimidating.” —*Delaware*

The change made “the application simpler and the process less traumatic. Probably some people who would have given up now continue.” —*Massachusetts*

Dropping the asset test had streamlined the process and removed a significant barrier: “There were families who had not gone through the entire process because it was long, complex, and intrusive.” —*Pennsylvania*

The most important impact on families is the “expediency in getting them certified. There is a reduction in time and in the hassle factor.” Making an eligibility decision on applications used to take 45 days, but the new standard is 20 days, “and most are processed now in 5 days.” —*Oklahoma*

Further delinking Medicaid from welfare. In Rhode Island, officials said dropping the asset test got Medicaid away from the welfare program and its stigma. In Missouri, officials noted that “the asset test was a small piece of a larger package. The asset test is more important as part of the debate of ‘This is health care, not welfare.’” These comments suggest that removing the asset test for families applying for Medicaid can help to distance the program from welfare by eliminating an eligibility rule tied to the receipt of cash assistance.

Greater use of community resources. The shortened, simplified application facilitated the ability of states to leverage community-based organizations to assist in outreach and helping applicants complete the form. Oklahoma officials stated that they are now able to enlist the assistance of schools. New Mexico mentioned that it is now easier for Federally Qualified Health Centers (FQHCs), schools, and other community providers to conduct the eligibility interview and send the completed application to the appropriate state staff.

Streamlined redetermination. The simplifying effect of eliminating the asset test for families was not limited to the initial enrollment process. For example, Mississippi officials noted a particular impact on the redetermination process. In Mississippi, “redetermination

is now a renewal, a one page form. Before it was a more in-depth re-application.”

Simplified enrollment for other Medicaid populations. Dropping the asset test from the Medicaid application for families has also eased the enrollment of other groups as several states use the same simplified application for other Medicaid categories that still require verification of assets. For example, Massachusetts uses a simplified application with an “asset supplement” for their elderly and disabled cases. (Massachusetts has further simplified the process by eliminating documentation requirements and adopting self-declaration for assets for eligibility groups that must still meet an asset test.) In Ohio, the application is still six pages long, but the interview has changed. Now, the county eligibility workers determine eligibility for Medicaid even if the application does not yet have enough information to determine eligibility for other programs such as food stamps or TANF cash assistance.

While the majority of states agreed that dropping the asset test for families had a positive impact on Medicaid family coverage, officials in Ohio noted that some of the gains in coverage might be limited because other public programs still impose an asset test when determining eligibility. As a result, the state may be seeing only small effects on enrollment of families in Medicaid if they are also applying for food stamps. Nevertheless, state officials believe that for families applying only for Medicaid, eliminating the asset test and allowing mail-in applications has simplified enrollment.

Impact on Program Administration

In addition to the impact on eligibility workers and families applying for Medicaid, eliminating the asset test for adults in families affected other programmatic features and elements. The study states believed the policy change resulted in administrative cost savings, limited impact on Medicaid enrollment, and no change in the Medicaid eligibility error rate.

Administrative cost savings. Oklahoma was the only state surveyed with a recent study to determine the cost benefit of dropping the asset test. Oklahoma officials indicated that they had been spending \$3.5 million in general revenue dollars for administrative activities related to the verification of assets. They found they would spend just two-thirds that amount, or \$2.5 million, in general revenue on benefits for persons who might have been denied, for net savings of \$1.2 million in state general funds.

Echoing Oklahoma’s conclusion, other states had a clear view that administrative savings were significant, but were unable to quantify them for this study. For example, Massachusetts indicated that the asset test had been difficult and expensive to administer, and eliminating it resulted in a friendlier, simpler application for everyone. The number of applications doubled and was handled without an increase in staff. While much of this may be due to the new automated eligibility system, the new system works better because there is no asset test. Other states concur:

“Without a doubt, there have been savings.” —*Pennsylvania*

“Absolutely. Dropping the asset test was an important part of a package of changes that resulted in savings, because the process took less paper and less time.” —*Missouri*

Again, officials in Ohio did not think that overall administrative savings from dropping the Medicaid asset test for families were large because the asset test is still applied to other public programs and eligibility workers continued to verify resources for applicants of those programs.

Limited impact on Medicaid enrollment. States were generally unable to isolate the impact of dropping their Medicaid asset test on enrollment from the effect of the several other policy changes occurring at about the same time. State officials pointed out that concurrent with eliminating the asset test for families, they were initiating their CHIP programs, conducting outreach for the first time ever, involving community organizations to assist in finding and enrolling eligible children and families, increasing eligibility levels, and implementing automated and simplified eligibility determination systems. The entire atmosphere around Medicaid was changing with the implementation of welfare reform and the de-linking of Medicaid from cash assistance as well as the implementation of CHIP.

While state officials universally describe the asset test for families as cumbersome, intrusive, and “welfare-like,” they did not think removing the requirement itself contributed to a significant increase in enrollment. For example, New Mexico’s analysis indicated an expected increase of 38 cases per month, based on the number of persons previously denied eligibility due to excess assets. The direct additional cost was estimated at \$23,000 in state general funds per year, a small fraction of a percent of the total Medicaid budget. If this estimate is a fair indicator, the impact of dropping the asset test on enrollment and program cost is minimal.

No change on the Medicaid eligibility error rate. No state reported an increase in its Medicaid eligibility error rate due to the elimination of the asset test and no state anticipated any loss of federal matching funds as a result of doing so.

Theoretically, the simplification of eligibility would decrease the error rate, since one of the factors that historically had contributed to the complexity of Medicaid eligibility was eliminated with the dropping of the asset test. Most states pointed out that their Medicaid eligibility error rate was already low, and had been low for years. Addressing the Medicaid eligibility error rate was not one of the primary reasons states moved to eliminate the asset test for families, nor did it become an issue after the policy was implemented.

Overall Impact of Eliminating the Medicaid Asset Test for Families

In concluding the interview with state officials, each official was asked for a summary statement of what they believed to be the impact of eliminating the Medicaid asset test for adults in families. Without exception, officials from the nine states and the District of Columbia that have implemented the policy change described it as a positive experience and a success. The following quotations sum up the impact from the perspective of these study states:

“The Chief of Operations would say they are ecstatic. Our policy has been ‘no new staff.’ So anything we can do to make it easier for the staff we keep is good.” —*Delaware*

“Our goal was to make this expanded Medicaid eligibility simple for families and for the agency—having no asset test met these goals. In addition, our goal was to enroll as many children as possible; imposing an asset test would not have been productive.” —*District of Columbia*

“Very positive. If you look at the cost-benefit, it’s been very effective.” —*Massachusetts*

“The asset test was a small piece of a larger package. The asset test is more important as part of the debate of ‘This is health care, not welfare.’” —*Missouri*

“It was a wise decision, from the perspective of children and families, and from the agency’s perspective.” —*Mississippi*

“Very positive, especially as the state is focusing on stable jobs and stable families. We want to minimize barriers. People are very pleased. Dropping the asset test was a very good thing in terms of access. A lot of the tests in place represented barriers to the program. The net effect of the hoops was to weed out people who did not follow through because the process was complex and error-prone.” —*Ohio*

“We are delighted. It has done exactly what we expected. It has paid off in worker attitude and in potential applicants who view the process like enrolling in commercial insurance.” —*Oklahoma*

“It is simplification. It is easier to explain to clients.” —*New Mexico*

“It has been extremely successful, in terms of making access to Medicaid simpler for families.” —*Pennsylvania*

“We are glad we don’t have it [the asset test]. It would cost more in administrative costs than the savings in denying care to low-income people. We want to have a mainstream group [in RltCare], not just high-risk. We made the process simple so the people who are enrolled are not just the ones who want health coverage so bad they are willing to go through an onerous process.” —*Rhode Island*

Policy Implications

As state Medicaid programs evolve, many have moved away from the welfare standards with which they were associated for over three decades and have established their own eligibility levels and criteria. In recent years, the implementation of welfare reform and CHIP ushered in a period of state experimentation with simplification strategies for the enrollment of children in Medicaid and CHIP, including the elimination of the asset test for eligibility determination. State experiences with this policy change for children suggest that the children eligible for these programs on the basis of income live in households that rarely have assets that would disqualify them if such a test were applied, giving states confidence that dropping the asset test for their parents would not lead to eligibility errors. Consequently, states have been able to streamline their Medicaid processes, remove a significant barrier that can discourage eligible families from applying or completing the enrollment process, and enroll more eligible children for health insurance coverage.

Despite this positive experience with children's enrollment, states have been slower to eliminate the asset test for parents in their Medicaid family coverage categories. As of July 2000, nine states and the District of Columbia have extended this policy to poor and low-income adults with dependent families. State Medicaid officials in these states unanimously agreed that this policy change has been successful. For the Medicaid agencies, eliminating the Medicaid asset test for families allowed them to simplify and streamline their eligibility systems, reduce paperwork, and increase worker productivity. For Medicaid beneficiaries, the policy further distinguished Medicaid from welfare and made it easier to understand Medicaid eligibility rules and apply for the program. These gains were made without increases in inappropriate Medicaid enrollment or large increases in program costs. By some state estimates, these changes actually reduced Medicaid administrative costs.

Beyond the effects described by the interviewed state officials, eliminating the asset test for families can have a significant impact on Medicaid eligibility rules and enrollment as states consider options for extending health insurance coverage, particularly to low-income parents either through Section 1931 for families or CHIP waivers. Currently, children may qualify for Medicaid under the Section 1931 pathway and are subject to the same resource eligibility criteria as their parents. However, most states have also established other eligibility pathways for children that have higher income eligibility levels and no asset limits.⁹ Because the majority of states have not chosen to align these resource (and income) eligibility policies for children with those for their parents, they can potentially negate the simplification gains for enrolling children when the family applies for Medicaid coverage together. By removing the asset test requirement for families—i.e. both children and parents—states can design a family application form and make eligibility rules and enrollment procedures the same for the entire family.

⁹As of July 2000, 36 states have expanded children's income eligibility levels to 200% of poverty or higher and all but nine states (Arkansas, Colorado, Idaho, Montana, Nevada, North Dakota, Oregon, Texas, and Utah) have eliminated the asset test for children in Medicaid and/or CHIP.

Appendix 1: Asset Testing Options for Parents in Low-Income Families Under Section 1931

The main Medicaid eligibility pathway for parents in low-income families is through Section 1931 of the Social Security Act. Depending on their personal circumstances, as well as the eligibility groups covered by the state in which they reside, parents may also qualify for Medicaid using other eligibility pathways, such as those for pregnant women or for individuals with disabilities (or, most recently, women in need of treatment for breast or cervical cancer). Each of these other pathways has resource testing policies particular to it.¹⁰

Historically, the primary Medicaid eligibility pathway for parents was receipt of AFDC payments. Between the enactment of Medicaid in 1965 and the repeal of the AFDC program in 1996, parents (and children) in families receiving AFDC cash assistance automatically qualified for Medicaid and remained eligible as long as they continued to receive such payments. If a family lost AFDC eligibility due to increased earnings, the parents (and children) were entitled to transitional Medicaid coverage for up to 12 months so long as the parent continued to report earnings.

The AFDC resource standard in 1996 was \$1,000, except in states with AFDC waivers. The regular AFDC methodology required states, in calculating an applicant's resources to determine whether this \$1,000 standard was met, to disregard the value of the family's home, the equity value of one car up to \$1,500, and the equity value of one burial plot and funeral agreements up to \$1,500. In addition, states were allowed (but not required) to disregard the value of clothing, furniture, and other basic maintenance items essential to daily living.

In 1996, Congress repealed the AFDC program and replaced it with the Temporary Assistance for Needy Families (TANF) block grant. Parents in families receiving cash assistance under TANF are no longer automatically eligible for Medicaid. Section 1931 replaced the AFDC pathway to Medicaid eligibility for parents with the following set of requirements and options:

- **July 16, 1996 AFDC Resource Standards and Methodologies.** At a minimum, states must extend Medicaid coverage to parents (and children) who meet the income and resource standards (as well as the categorical requirements) in effect under their AFDC plan as of July 16, 1996. In determining resource (and income) eligibility, a state must at a minimum use the methodologies in effect under its AFDC plan as of that date.¹¹

¹⁰For example, states are required to offer Medicaid coverage to all pregnant women (through the 60-day post-partum period) with family incomes at or below 133 percent of the federal poverty level. States may apply a resource test to this eligibility group but they are not required to do so. If they elect to apply a resource test, neither the standard nor the methodology may be more restrictive than that applied under the Supplemental Security Income (SSI) program. The income standard under SSI is \$2,000 for an individual. The SSI resource methodology excludes the value of a home, \$4,500 in the current market value of a car (or 100 percent of the value if the car is used for employment), and \$2,000 in equity value in household goods and personal effects.

¹¹For a summary of the changes states have made in their TANF resource eligibility rules, see G. Rowe, *The Welfare Rules Databook, State TANF Policies as of July 1999* (November 2000), Urban Institute, <http://newfederalism.urban.org/pdf/wrd.pdf>.

- **Option to Increase Resource Standards.** States may increase their resource standards for parents (and children) from those in effect on July 16, 1996, by a percentage no greater than the average percentage increase in the consumer price index (CPI-U) since that date (10.9% as of November 2000).
- **Option to Use Less Restrictive Resource Methodologies.** States have the option of using resource methodologies that are “less restrictive” than those in effect on July 16, 1996. A “less restrictive” methodology is one that results in additional individuals qualifying for Medicaid without making any individual who would otherwise be eligible for Medicaid ineligible. In contrast to the resource standard, which cannot be increased by more than the percentage increase in the CPI-U, a state’s resource methodology is subject to no limitation as to how much of an individual’s resources it may disregard.

This flexibility allows a state, without changing its resource standard, to disregard the value of some or all of a parent’s resources in determining Medicaid eligibility. For example, a state could disregard not just the first \$1,500 in equity value in a car, but the equity value up to \$4,650, or the car’s entire equity (or fair market) value. A state could also choose to disregard the entire value of all resources, effectively eliminating the resource test for Medicaid eligibility for parents. A state may apply the same resource test to parents for purposes of Medicaid eligibility as it does in determining eligibility for TANF (as long as the state’s Medicaid test meets the requirements described above).¹²

Current Treatment of Assets for Families

As of July 2000, nine states (Delaware, Massachusetts, Mississippi, Missouri, New Mexico, Ohio, Oklahoma, Pennsylvania, and Rhode Island) and the District of Columbia do not apply an asset test in determining Medicaid eligibility for parents. In addition, three states (New York, Vermont, and Wisconsin) do not apply an asset test to families seeking coverage under their Section 1115 Medicaid waiver demonstration programs (Delaware, Massachusetts, and Missouri have also eliminated the asset test for families applying for coverage under their Section 1115 waiver programs).¹³

The remaining 37 states apply asset tests to parents applying for Medicaid coverage, but only 3 of these (Idaho, Kentucky, and West Virginia) use a test that is as restrictive as that under traditional AFDC (e.g., \$1,000 standard, disregard only \$1,500 in equity value in a car). The other states that use an asset test use one that is more liberal. They either raise their resource standard (to \$2,000 or \$3,000 or higher) through the use of a disregard, or they disregard more than \$1,500 in the equity value of a car, or both. Eleven states have set their asset limit at \$1,000; 23 states have established the asset limit between \$2,000 and \$3,000; and 7 states have raised their resource standards to over \$3,000. Twenty-two of these states disregard the entire value of at least one vehicle (Appendix 2).¹⁴

¹²As of February 2000, 25 states used the same resource tests for Medicaid and TANF. State Policy Documentation Project, *Table 6: States’ Asset Rules Under Their Medicaid Family Coverage Category and TANF*, www.spdp.org/medicaid/table_6.htm.

¹³Based on a survey by the Center on Budget and Policy Priorities, reflecting Medicaid eligibility policies in effect on July 31, 2000.

¹⁴Ibid.

Appendix 2: Medicaid Income Eligibility Levels and Asset Rules for Parents in Low-Income Families

For families applying for Medicaid under the Section 1931 eligibility category (July 2000)

State	Income Eligibility [^]		Asset Limit	Treatment of First Car
	Monthly Earnings	As % of Poverty		
Alabama	\$254	22%	\$2,000	Disregard the value of one vehicle per licensed household member
Alaska	\$1,208	82%	\$1,000	Disregard the value of one vehicle
Arizona	\$584	50%	\$2,000	Disregard the value of one vehicle
Arkansas	\$254	22%	\$1,000	Disregard the value of one vehicle
California	\$1,269	108%	\$3,150	Disregard the fair market value of each of one or more vehicles up to a total of \$4,650
Colorado	\$511	43%	\$2,000	Disregard the value of one vehicle
Connecticut	\$835	71%	\$3,000	Missing information
Delaware**	\$1,270	108%	No asset limit	Not applicable
District of Columbia	\$2,360	200%	No asset limit	Not applicable
Florida	\$806	68%	\$2,000	For families subject to work requirements, disregard vehicles with combined income of up to \$8,500; for families not subject to work requirements, disregard one vehicle with a value up to \$8,500
Georgia	\$514	44%	\$1,000	Disregard the equity value of one vehicle up to \$4,650
Hawaii**	\$1,356	100%	\$3,250	Disregard the value of one vehicle for daily use or the fair market value of one vehicle up to \$4,500
Idaho	\$596	51%	\$1,000	Disregard the equity value of one vehicle up to \$1,500
Illinois*	\$882	75%	\$3,050	Disregard the value of one vehicle
Indiana	\$378	32%	\$1,000	Disregard the equity value of one vehicle up to \$5,000
Iowa	\$1,060	90%	\$2,000	Disregard the equity value of one vehicle up to \$3,959
Kansas	\$493	42%	\$2,000	Disregard the value of one vehicle
Kentucky	\$616	52%	\$2,000	Disregard the value of one vehicle
Louisiana	\$264	22%	\$1,000	Disregard the equity value of one vehicle up to \$10,000
Maine	\$1,270	108%	\$2,000	Disregard the value of one vehicle
Maryland	\$523	44%	\$2,000	Disregard the value of one vehicle
Massachusetts**	\$1,568	133%	No asset limit	Not applicable
Michigan	\$549	47%	\$3,000	Disregard the value of one vehicle
Minnesota**	\$3,242	275%	\$6,200	Disregard the value of one vehicle with restrictions
Mississippi	\$457	39%	No asset limit	Not applicable
Missouri**	\$1,269	108%	No asset limit	Not applicable
Montana	\$836	71%	\$3,000	Disregard the value of one vehicle with the highest equity value
Nebraska*	\$669	57%	\$6,000	Disregard the value of one vehicle used for medical or employment purposes

Continued on next page

Appendix 2: Continued from previous page

Medicaid Income Eligibility Levels and Asset Rules for Parents in Low-Income Families

For families applying for Medicaid under the Section 1931 eligibility category (July 2000)

State	Income Eligibility [^]		Asset Limit	Treatment of First Car
	Monthly Earnings	As % of Poverty		
Nevada	\$1,054	89%	\$2,000	Disregard the value of one vehicle
New Hampshire	\$750	64%	\$1,000	Disregard the value of one vehicle for each parent/caretaker
New Jersey	\$533	45%	\$2,000	Disregard the fair market value of one vehicle up to \$9,500
New Mexico	\$704	60%	No asset limit	Not applicable
New York	\$667	57%	\$3,000	Disregard either the fair market value of one vehicle up to \$4,650 or the equity value of \$1,500, whichever is more favorable
North Carolina	\$750	64%	\$3,000	Disregard the value of one vehicle per adult age 18 or older
North Dakota	\$987	84%	\$6,025	Disregard the value of one vehicle
Ohio	\$1,179	100%	No asset limit	Not applicable
Oklahoma	\$590	50%	No asset limit	Not applicable
Oregon**	\$1,179	100%	\$2,500	Disregard the equity value of one vehicle up to \$10,000
Pennsylvania	\$806	68%	No asset limit	Not applicable
Rhode Island	\$2,181	185%	No asset limit	Not applicable
South Carolina	\$657	56%	\$2,500	Disregard the value of one vehicle per licensed driver
South Dakota	\$796	68%	\$2,000	Disregard the value of one vehicle
Tennessee	\$930	79%	\$2,000	Disregard the equity value of one vehicle up to \$4,600
Texas*	\$395	34%	\$2,000	Disregard the fair market value of one vehicle up to \$4,650
Utah	\$673	57%	\$3,025	Disregard the equity value up to \$1,500 of one vehicle used for transportation
Vermont**	\$1,858	158%	\$2,000	Disregard the equity value of one vehicle
Virginia	\$381	32%	\$1,000	Disregard the equity value of one vehicle up to \$1,500
Washington	\$2,358	200%	\$1,000	Disregard the equity value of one vehicle up to \$5,000
West Virginia	\$343	29%	\$1,000	Disregard the equity value of one vehicle up to \$1,500
Wisconsin**	\$2,181	185%	\$1,000	Disregard the equity value of one vehicle up to \$1,500
Wyoming	\$790	67%	\$2,500	Disregard the value of one vehicle

Source: Center on Budget and Policy Priorities, July 2000.

[^]: Income thresholds are based on a three-person family with one wage earner (The Federal Poverty Level in 2000 is \$14,150 for a family of three). The thresholds presented assume that the family's only source of income is from earnings and does not take into account disregards or deductions other than those for earnings.

States marked with a "*" have not established a Section 1931 eligibility category; in these states, the table presents the earnings thresholds that apply under the state's medically needy category.

States marked with a "**" have expanded coverage to low-income working parents under a Section 1115 waiver. The table presents the eligibility rules that apply to parents under the waiver.

Appendix 3: Medicaid/CHIP Income Eligibility Levels and Asset Tests for Children

Medicaid						
State	Infants Ages 0–1	Children Under Age 6	Children Ages 6 to 16	Children Ages 17 to 19	Separate CHIP Program*	Asset Test for Medicaid
(Percent of Federal Poverty Level)						
Alabama	133	133	100	100	200	No
Alaska	200	200	200	200	-	No
Arizona	140	133	100	50	200	No
Arkansas (2,3)	200	200	200	200	-	Yes
California	200	133	100	100	250	No
Colorado (3)	133	133	100	43	185	Yes
Connecticut	185	185	185	185	300	No
Delaware	185	133	100	100	200	No
District of Columbia	200	200	200	200	-	No
Florida	200	133	100	100	200	No
Georgia	185	133	100	100	235	No
Hawaii	200	200	200	200	-	No
Idaho (3)	150	150	150	150	-	Yes
Illinois (4)	200	133	133	133	185	No
Indiana	150	150	150	150	200	No
Iowa	200	133	133	133	200	No
Kansas	150	133	100	100	200	No
Kentucky	185	150	150	150	200	No
Louisiana	150	150	150	150	-	No
Maine	200	150	150	150	200	No
Maryland	200	200	200	200	-	No
Massachusetts* (1)	200	150	150	150	200	No
Michigan	185	150	150	150	200	No
Minnesota (2)	280	275	275	275	-	No
Mississippi	185	133	100	100	200	No
Missouri (2)	300	300	300	300	-	No
Montana (3)	133	133	100	71	150	Yes
Nebraska	185	185	185	185	-	No
Nevada (3)	133	133	100	89	200	Yes
New Hampshire	300	185	185	185	300	No
New Jersey	185	133	133	133	350	No
New Mexico	235	235	235	235	-	No
New York	185	133	100	100	250	No
North Carolina	185	133	100	100	200	No
North Dakota (3)	133	133	100	100	140	Yes
Ohio	200	200	200	200	-	No
Oklahoma	185	185	185	185	-	No

Continued on next page

Appendix 3: Continued from previous page

Medicaid/CHIP Income Eligibility Levels and Asset Tests for Children

Medicaid						
State	Infants Ages 0–1	Children Under Age 6	Children Ages 6 to 16	Children Ages 17 to 19	Separate CHIP Program*	Asset Test for Medicaid
(Percent of Federal Poverty Level)						
Oregon (3)	133	133	100	100	170	Yes
Pennsylvania (1)	185	133	100	71	200	No
Rhode Island (2)	250	250	250	250	-	No
South Carolina	185	150	150	150	-	No
South Dakota	140	140	140	140	-	No
Tennessee (1,2)	N/A	N/A	N/A	N/A	-	No
Texas (3)	185	133	100	100	200	Yes
Utah (3)	133	133	100	100	200	Yes
Vermont (2)	300	300	300	300	-	No
Virginia	133	133	100	100	185	No
Washington	200	200	200	200	250	No
West Virginia	150	150	100	100	150	No
Wisconsin (2)	185	185	185	185	-	No
Wyoming	133	133	100	67	133	No

Source: Center on Budget and Policy Priorities, 2000.

Note: The 2000 Federal Poverty Level for a family of three was \$14,150 in the 48 contiguous states and DC, \$17,690 in Alaska and \$16,270 in Hawaii.

*The states noted use federal child health block grant (CHIP) funds to operate separate child health insurance programs for children not eligible for Medicaid. Such programs may provide benefits similar to Medicaid or they may provide a limited benefits package. They may also impose premiums or other cost-sharing obligations on some or all families with eligible children.

(1) Massachusetts and Pennsylvania provide state-financed coverage to children with incomes above Medicaid and CHIP levels. Eligibility under Tennessee’s waiver is based on the child’s lack of insurance; there is no upper income limit.

(2) The Medicaid programs in AR, MN, MO, RI, TN, VT, and WI may impose some cost-sharing—premiums and/or co-payments for some children pursuant to federal waivers. Children covered under Arkansas’s Medicaid expansion receive a reduced benefits package.

(3) The states noted count assets in addition to income in determining Medicaid eligibility for children; Utah counts assets for children age 6 and older. Arkansas counts assets only for children who qualify under pre-expansion guidelines. Oregon counts assets in addition to income in determining eligibility for Medicaid.

(4) Illinois covers infants in families with income at or below 200 percent of the federal poverty line who are born to mothers enrolled in Medicaid. Illinois covers other infants in families with income at or below 133 percent of the federal poverty line.

Appendix 4: Sample State Medicaid Applications Before and After the Elimination of the Asset Test

Appendix 4A: Application After Eliminating the Asset Test

State of Oklahoma
Department of Human Services
SoonerCare Health Benefits Application
December 1997

Appendix 4B: Application Prior to Eliminating the Asset Test

State of Oklahoma
Department of Human Services
Combined Application for Benefits and Services
May 1996

Appendix 4A: Application After Eliminating the Asset Test

State of Oklahoma
Department of Human Services
SoonerCare Health Benefits Application
December 1997

SOONERCARE HEALTH BENEFITS APPLICATION



WHAT IS SoonerCare?

SoonerCare is Oklahoma's new health care system. It is designed to make sure that children and pregnant women get the health care services they need. There are two different programs under SoonerCare: SoonerCare Plus and SoonerCare Choice. To find out which program you may be eligible for, refer to pages 5 through 9 of this packet, or call or visit your local county Department of Human Services (DHS) office. To get your enrollment packet, visit your county DHS office.

1. Applicant Name: PLEASE PRINT (Last Name) _____ (First Name) _____ (Middle Initial) _____

2. Oklahoma Resident? Yes No

3. Telephone: Home (_____) _____ Work (_____) _____ Message Phone (_____) _____

4. Mailing Address _____ Apt. No. _____ Finding Address (if different) _____

5. City _____ State _____ Zip _____

6. Does any household member have a physician? Yes No. If yes, would that family member want to keep that physician if that physician was a SoonerCare provider? Yes No. If yes, please list the name of the family member and the name and address of the physician (Attach additional sheets as needed). Your request will be processed based upon the current availability of your requested provider.

Physician name _____ Physician address _____ City _____ State _____ Zip _____

7. If you want to choose your SoonerCare provider, complete Sections A and B, or C below. (see pages 5 through 9).

8. If you want SoonerCare to choose your provider, check here and leave Sections A, B, and C blank. Yes, I want SoonerCare to choose my provider.

9. If you need help choosing a health plan or provider, please call the SoonerCare Helpline at 1-800-987-7767 or call and/or visit your local county Department of Human Services office.

Family member						Physician			Physician address			Social Security Number			For Applicants living in SoonerCare Plus Service Areas			For Applicants living in SoonerCare Choice Service Areas																	
Name of Household Members						Date of Birth (Month, day and year)			Sex M/F			Marital Status			Race (see below codes)			Tribal Affiliation			U.S. Citizen?			Name of SoonerCare Plus Health Plan			Name of SoonerCare Plus Provider or Clinic			Name of SoonerCare Choice Primary Care Provider					
Applicant																																			

* Race indicators for number 10 above:
 A= Asian or Pacific Islander B= Black, not of Hispanic Origin I= American Indian or Alaskan Native S= Hispanic W= White, not of Hispanic Origin

OKLA. DHS REVISED 12-16-97 SC-1

SOONERCARE HEALTH BENEFITS APPLICATION

SC-1

Income From All Sources

The income of all household members must be verified. For earned income, attach verification such as check stubs for a month which include date, name or social security number, and total income before deductions. If check stubs are not available, attach a signed statement from your employer showing income before deductions. The statement must be dated and include the address and phone number of the person signing the statement (Attach additional sheets as needed).

11. Are any household members employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete below. Show gross earnings before any deductions or withholdings.	
Name of Person Working	Employer's Name, Address and Telephone Number
	Gross Earnings \$ How often paid: weekly, every other week, twice a month, or monthly
	\$ How often paid: weekly, every other week, twice a month, or monthly
	\$ How often paid: weekly, every other week, twice a month, or monthly
12. Do any household members have any other kinds of income such as child support, Social Security, or income from the Veterans Administration (VA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete below. Show gross income amount before any withholdings. Attach verification of income such as a copy of a current award letter, or check.	
Name of Person	Gross Amount
	<input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> VA <input type="checkbox"/> Other income including, but not limited to, rental property, dividends, interest, and retirement
	<input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> VA <input type="checkbox"/> Other income including, but not limited to, rental property, dividends, interest, and retirement

Attach additional sheets as needed to answer the following questions.

13. Does anyone in your household have a current Medicaid Card? Yes No. If yes, who? _____

14. Is anyone in your household covered by any type of medical insurance? Yes No. If yes, who? _____
 Policy No. _____ Type of Insurance _____ Insurance Company Name _____
 Effective Date _____
 Relationship of policy holder to insured _____

15. Is parent or guardian of a child(ren) included in this application employed by a state or local government? Yes No. If yes, could the child(ren) be insured under that employer? Yes No

16. Is any member of the household pregnant? Yes No. If yes, who? _____ The expected date of delivery? _____ (Attach Medical verification of pregnancy)

17. Are you or anyone in your household:
 (a) planning to have surgery in the next three months? Yes No
 (b) using any medical equipment, such as oxygen, wheelchair, walker, etc.? Yes No
 (c) taking medicine prescribed by a doctor? Yes No
 (d) receiving home health care? Yes No

19. ASSIGNMENT I do hereby transfer, assign and authorize payment to the Oklahoma Health Care Authority (OHCA) all claims I have or may have against health insurance or liability insurance companies, or other third parties. This covers all payments for medical services made by OHCA for me or my dependents. Yes No (Please note that checking no to this question will result in the SoonerCare Health Benefits Application being denied.)

You must read your rights and responsibilities on pages 3 and 4 before signing the application. PLEASE SEND, OR TAKE, THE COMPLETED FORM WITH ATTACHED VERIFICATIONS TO YOUR LOCAL DEPARTMENT OF HUMAN SERVICES' COUNTY OFFICE.

- I have read my rights and responsibilities on pages 3 and 4 on this form.
- I understand my rights and responsibilities.
- I understand my signature below is also applicable to all addendum necessary to complete my application.
- I declare under penalty of perjury that the foregoing information is true and correct. (28 USC 1746)

20. Your Signature _____ Date _____

21. Date _____

ELIGIBLE Yes No

Social Worker's Signature _____ Date _____

RIGHTS AND RESPONSIBILITIES

PLEASE READ YOUR RIGHTS AND RESPONSIBILITIES BELOW:

- A. Oklahoma Law (36 O.S. 3624.2) provides direct payment to Oklahoma Health Care Authority (OHCA) for insurers for some medical expense reimbursements. Any person who files a claim with an insurance company must tell the insurance company if he/she has applied for or received health benefits from OHCA. Failure to do this is considered a misdemeanor. I understand that insurance payments must be paid to the medical facility or doctor first, and that I may be responsible for the balance if the insurer's payment is more than the amount paid by OHCA.
- B. I transfer, assign, and authorize payment to OHCA all claims I have or may have against health insurance or liability insurance companies, or other third parties. This covers all payments for medical services made by OHCA.
- C. I have read this application, or the application has been read to me, and I fully understand it. I further understand that if I give a false statement(s) for the purpose of obtaining health benefits I may be prosecuted for perjury. If I am found guilty, I may be imprisoned for not more than five years in a state penal institution. If my false statement(s) result in my receiving health benefits I may also be prosecuted for fraud.
- D. I understand that by completing this application I have applied for health benefits, and I certify that the information I have given is correct and complete to the best of my knowledge. I agree to tell the county Department of Human Services office if I have a change in living arrangements, address, income, health insurance, or family size (including newborns and deaths). I agree to report changes within 10 days of when I know the change.
- E. I understand that I must select my *SoonerCare* provider within 14 days from the date of my application. I understand that if I do not choose a *SoonerCare* provider, one will be chosen for me. I further understand that if the provider I select is not available *SoonerCare* will pick another provider for me.
- F. I understand that, if enrolled in *SoonerCare*, payment(s) may be made only for those services and to those providers that are approved by the Oklahoma Health Care Authority. I understand that I will be financially responsible for services which are not covered by the program, or if I do not follow the guidelines of the program.
- G. I understand that the information I have given will be carefully studied and that I might be asked to provide proof of my answers. I authorize the Department of Human Services to make any necessary investigation to prove the information I have given. I authorize the release of any necessary information from individuals, businesses, public or private organizations to determine my eligibility for health benefits. I understand that if I am eligible payment may be made for medical services received on or after the first day of the 3rd month prior to this application.
- H. For the purpose of determining whether any payment will be made in behalf of the patient for any medical services hereafter reported, I authorize the Department of Human Services or representative authorized for the purpose of determining compensability of claims in the patient's behalf, to inspect all hospital and medical records pertaining to any hospitalization or medical service. I further authorize the hospital, physician or other medical provider to release and furnish to the Department of Human Services and its representatives any information shown in such records.
- I. I understand that I have the right to appeal any action of the Department of Human Services which I consider improper. I can also appeal any delay in decision. I understand if I appeal, a fair hearing may be held.

J. I understand that the Social Security numbers of persons included in this application or whose income is used in determining my eligibility, are required and will be used to match with income information from other government agencies, i.e., Social Security Administration, Internal Revenue Services and Oklahoma Employment Security Commission. They may be used for verification of health benefits eligibility. The information will be used to help determine my eligibility for health benefits.

K. I agree to cooperate with the Department of Human Services in identifying and locating and securing medical support from the absent parent(s) and, if applicable, establishing paternity. I also agree to cooperate with the Department of Human Services in obtaining other payments due me or the children for whom I am applying or who may later be found eligible. I agree to provide any information known by me in order to comply with the above agreement.

Notice: The Oklahoma Department of Human Services has assured compliance with DHHS Regulations, Title 45, Code of Federal Regulations, Part 80 (which implements Public Law 88-352, Civil Rights Act of 1964, Section 601), Part 84 (which implements Public Law 93-112, Rehabilitation Act of 1973, Section 504), and Part 90 (which implements Public Law 94-135, Age Discrimination Act of 1975, Section 301). These laws and regulations prohibit excluding from participation in, denying the benefits of, or subjecting to discrimination under any program or activity receiving federal financial assistance any person on the grounds of race, sex, color, national origin, religion, political beliefs, or any qualified person on the basis of handicap, or unless program-enabling legislation permits on the basis of age. Under these requirements, payment cannot be made to vendors providing care and/or services under federally assisted programs conducted by the Department of Human Services unless such care and/or service is provided without discrimination on the grounds of race, sex, color, national origin, religion, political beliefs, handicap, or without distinction on the basis of age except as legislatively permitted or required. Written complaints of non compliance with any of these laws should be made to the Director of Human Services, P.O. Box 25352, Oklahoma City, Oklahoma 73125, or the Secretary of Health and Human Services, Washington D.C.

Appendix 4B: Application Prior to Eliminating the Asset Test

State of Oklahoma
Department of Human Services
Combined Application for Benefits and Services
May 1996



STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
COMBINED APPLICATION FOR BENEFITS AND SERVICES

DHS uses this form to ask you many questions. Your answers help us decide if you are eligible for the benefits and services we can provide. **You must fill out this form and be interviewed by a social worker before we can decide if you are eligible for Aid to Families with Dependent Children (AFDC) benefits, Refugee Cash Assistance, Medical Assistance, State Supplemental Payments (SSP), Food Stamps and Social Services.**

FOOD STAMP AND AFDC APPLICANTS ARE REQUIRED TO WORK WITH THE EDUCATION, TRAINING AND EMPLOYMENT PROGRAM (ET&E) UNLESS EXEMPT.

If you need help in filling out this form, ask and we will help you. You may also have another adult fill out this form and be interviewed for you. Tell us if you want to do this. If the person who fills out this form for you gives the wrong information, you will be responsible for any mistakes.

Please print or write clearly in ink and answer every question to the best of your knowledge. Check each question "yes" or "no." When your answer is "yes", fill in the requested information accurately and completely. If a question is about money, fill in the exact amounts in dollars and cents. **Do not write in the areas marked for DHS USE ONLY.** If you need more space to answer the questions, you can attach additional sheets of paper.

You may be asked to show proof of the statements you make on this form. Your social worker will tell you what kind of proof is needed.

You have the right to refuse to give any or all information. However, failure to provide information which must be used to establish your eligibility will probably result in denial of your application.

PLEASE READ THE INFORMATION SHOWN BELOW AND ON THE BACK OF THIS PAGE.

YOU HAVE A RIGHT TO:

- equal treatment regardless of race, color, age, sex, handicap, religion, political belief, or national origin.
- have information given to DHS kept confidential, unless directly related to the administration of DHS programs.
- request a fair hearing, either orally or in writing if you disagree with any action taken on your case. You may be represented at the hearing by any person you choose.
- have your application processed promptly.

- obtain assistance from DHS in completing this application or in obtaining required verification.
- reapply at any time if your benefits stop.
- receive information about programs administered by DHS.

YOU HAVE A RESPONSIBILITY TO AND MUST:

- provide or apply for a Social Security number for each household member.
- unless exempt, if approved for medical assistance or AFDC, turn all payments you receive for medical care, child support and spousal support over to DHS, and cooperate with Child Support Enforcement staff.
- report to DHS any resources available to pay for your family's medical expenses, such as from an insurance policy or lawsuit, per Oklahoma Law 36 O.S. § 36624.2.
- cooperate with state and federal Quality Control staff if your case is reviewed.
- repay DHS for any assistance you receive for which you are not eligible.
- report to DHS within 10 days of your knowledge of any changes that may affect your benefits, such as:
 - money received from any source.
 - persons moving in or out of the household.
 - any change of address.
 - shelter and utility costs.
 - changes in resources, such as automobiles, bank accounts, insurance policies, trust funds, or property.

Penalty Warning

There are penalties for doing any of the following:

- hiding information or making false statements.
- changing food stamp authorization cards.
- using food stamps or authorization cards that belong to someone else.
- using food stamps to buy alcohol or tobacco.
- trading or selling food stamps or authorization cards.

For most situations, the penalties are loss of benefits:

- 6 months for the first offense.
- 12 to 30 months for the second offense.
- permanently for the third offense.

The penalties for trading food stamps for controlled substances are loss of benefits:

- 12 months for the first offense.
- permanently for the second offense.

The penalty for trading food stamps for firearms, ammunition or explosives is loss of benefits:

- permanently for the first offense.

The person can also get fined up to \$250,000, put in prison for up to 20 years, or both. The person may go to court under other federal laws.

SECTION 2. HOUSEHOLD MEMBERS. List everyone in your household (list yourself first) and answer all questions about each person. If there are more than eight persons in your household, attach another sheet of paper showing their information.

As shown on S.S. card: Last Name		First Name		Middle Name		
1.						
Social Security No.		Relationship to #1 (Self)	Marital Status	Sex	Date of Birth	Age
Race	Indian Tribe	Blind or Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No.	Alien Number	Last Grade in School	
DHS USE ONLY:		MS	AFDC B <input type="checkbox"/>	FS C <input type="checkbox"/>	MA D <input type="checkbox"/>	SVS E <input type="checkbox"/>
As shown on S.S. card: Last Name		First Name		Middle Name		
2.						
Social Security No.		Relationship to #1	Marital Status	Sex	Date of Birth	Age
Race	Indian Tribe	Blind or Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No.	Alien Number	Last Grade in School	
DHS USE ONLY:		MS	AFDC B <input type="checkbox"/>	FS C <input type="checkbox"/>	MA D <input type="checkbox"/>	SVS E <input type="checkbox"/>
As shown on S.S. card: Last Name		First Name		Middle Name		
3.						
Social Security No.		Relationship to #1	Marital Status	Sex	Date of Birth	Age
Race	Indian Tribe	Blind or Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No.	Alien Number	Last Grade in School	
DHS USE ONLY:		MS	AFDC B <input type="checkbox"/>	FS C <input type="checkbox"/>	MA D <input type="checkbox"/>	SVS E <input type="checkbox"/>
As shown on S.S. card: Last Name		First Name		Middle Name		
4.						
Social Security No.		Relationship to #1	Marital Status	Sex	Date of Birth	Age
Race	Indian Tribe	Blind or Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No.	Alien Number	Last Grade in School	
DHS USE ONLY:		MS	AFDC B <input type="checkbox"/>	FS C <input type="checkbox"/>	MA D <input type="checkbox"/>	SVS E <input type="checkbox"/>

As shown on S.S. card: Last Name		First Name		Middle Name		
5.						
Social Security No.		Relationship to #1	Marital Status	Sex	Date of Birth	Age
Race	Indian Tribe	Blind or Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No.	Alien Number	Last Grade in School	
DHS USE ONLY:		MS	AFDC	FS	MA	SVS
		—	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
As shown on S.S. card: Last Name		First Name		Middle Name		
6.						
Social Security No.		Relationship to #1	Marital Status	Sex	Date of Birth	Age
Race	Indian Tribe	Blind or Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No.	Alien Number:	Last Grade in School	
DHS USE ONLY:		MS	AFDC	FS	MA	SVS
		—	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
As shown on S.S. card: Last Name		First Name		Middle Name		
7.						
Social Security No.		Relationship to #1	Marital Status	Sex	Date of Birth	Age
Race	Indian Tribe	Blind or Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No.	Alien Number	Last Grade in School	
DHS USE ONLY:		MS	AFDC	FS	MA	SVS
		—	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
As shown on S.S. card: Last Name		First Name		Middle Name		
8.						
Social Security No.		Relationship to #1	Marital Status	Sex	Date of Birth	Age
Race	Indian Tribe	Blind or Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No.	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No.	Alien Number	Last Grade in School	
DHS USE ONLY:		MS	AFDC	FS	MA	SVS
		—	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>

SECTION 3. EARNED INCOME.

Is anyone (including children under 18) currently working?

Yes No.

Has anyone worked in the past six months?

Yes No.

Is anyone self-employed?

Yes No.

Does anyone receive money to care for another person?

Yes No.

If you answered yes to any of the above questions, complete below.

Name	Employer's Name, Address and Phone Number	Earnings Before Deductions	Date Employment Started	Date Employment Ended

DHS USE ONLY:

SECTION 4. STUDENT STATUS. Is anyone age 16 or older a student?

Yes No. If yes, complete below.

Name of Student	Name of School

DHS USE ONLY:

SECTION 5. UNEARNED INCOME. Is anyone receiving, expecting to receive or applying for money from any source, such as:

- Unemployment Benefits • Welfare • Insurance Settlements • Gifts/Winnings
- Workers' Compensation • Veterans' Benefits • Retirement Accounts • Dividends/Interest
- Social Security /SSI • Financial Aid • Child Support/alimony • Other

Yes No. If yes, complete below.

Applied For or Receiving?	Name of Person	Source of Money	How Often Paid?	Amount Each Payment
<input type="checkbox"/> Applied <input type="checkbox"/> Receiving				\$
<input type="checkbox"/> Applied <input type="checkbox"/> Receiving				\$

DHS USE ONLY: Claim Numbers:

SECTION 6. DEDUCTIONS.

Does anyone have medical costs now, or from the last 3 months? Yes No.

Do you wish to provide proof of the medical costs? Yes No.

If yes, complete below and provide proof.

Name	Type of Expense	Date Incurred	Amount Owed
			\$
			\$
			\$
			\$

DHS USE ONLY:

Does anyone pay for child care, or care for a disabled adult? Yes No.
 If yes, complete below.

Who Receives Care?	Name and Phone Number of Care Provider	Amount Paid	How Often Paid?
		\$	
		\$	
		\$	
		\$	

DHS USE ONLY:

SECTION 7: FOOD STAMPS. Do you want to apply for food stamps?
 Yes No. If yes, complete below. If no, go to Section 8.

EXPEDITED FOOD STAMPS. The following households are entitled to a decision regarding their application within 5 calendar days:

- Households with less than \$150 gross monthly income and liquid resources less than \$100.
- Destitute migrant or seasonal farmworker households with liquid resources less than \$100.
- Eligible households in which all members are "homeless individuals" (lack a fixed and regular night time residence) or reside only temporarily in a shelter, half-way house, or residence of another.
- Households with monthly rent or mortgage and/or utilities cost more than the combined monthly gross income and liquid resources.

How much money has your household received this month? \$ _____

How much money does your household expect to receive this month? \$ _____

Do you have a checking or savings account over \$100? Yes No.

How much is your rent or mortgage? \$ _____

Do you pay the gas or electric bill where you live? Yes No.

Do you presently stay in a shelter, half-way house, or temporarily in another person's home? Yes No.

Are you a migrant farm worker? Yes No.

DHS USE ONLY:

Does everyone in your home buy and fix food together? Yes No.

How do you pay for housing? I own or am buying my home. I rent.

I share costs with others. I get my housing free of charge.

I receive a HUD housing/utility allowance of \$ _____

Mortgage amount	Rent or space amount	Taxes (if not part of mortgage)	Insurance (if not part of mortgage)	Whom do you pay for your housing (Name, address, phone)
\$ _____	\$ _____	\$ _____	\$ _____	

DHS USE ONLY:

Do you pay for utilities separate from rent or mortgage? Yes No. If yes, complete below.

Do you pay for heating or cooling separate from rent or mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No.		If yes, what type of heating or cooling do you have?		Phone (basic rate plus tax) \$ _____ per _____
Electric \$ _____ per _____	Gas \$ _____ per _____	Water and sewer \$ _____ per _____	Garbage \$ _____ per _____	
Oil \$ _____ per _____	Wood \$ _____ per _____	Utility Installation Costs \$ _____ per _____	Other (describe) \$ _____ per _____	

DHS USE ONLY:

Does anyone pay court-ordered child support for someone outside your home?
 Yes No. If yes, complete below.

Who Pays Support	Who Receives	Amount Paid	Court Ordered Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
DHS USE ONLY:			

CHOOSE A HEAD OF HOUSEHOLD FOR FOOD STAMPS. If you leave this blank, the social worker will choose the head of household. *(For groups with minor children: The head of household causes benefits to end if they do not meet work requirements. If possible, choose an adult who does not have to work or look for work per Food Stamp rules.)*

Name of head of household for Food Stamps: _____

FOOD STAMPS/AUTHORIZED REPRESENTATIVE: If you want to authorize someone outside your household to apply for, receive, and/or use your food stamps for you, list the name of your Authorized Representative below.

Name: _____

Relationship to you: _____ Phone No.: _____

Address: _____

Street City State Zip

FOOD STAMP ISSUANCE. Check "coupons" if you want your food stamps mailed to you or "ATP" if you want to receive an Authorization to Participate (ATP) card which can be exchanged for food stamps. Coupons ATP.

Note: We do not send over \$149 in food stamp coupons through the mail. You will be sent an Authorization to Participate (ATP) for every allotment over \$149.

Are you or is any household member now disqualified or have you or has any household member ever been disqualified from the Food Stamp Program for providing incorrect information to a social worker or failing to provide information to a social worker that affected food stamp eligibility and benefits? Yes No.

If yes, who? _____

SECTION 8. PREGNANCY/DEPRIVATION.

Are you requesting medical assistance for anyone in your household who is pregnant?

Yes No. If yes, who? _____

Are you requesting cash assistance (AFDC) or Medical Assistance for any child(ren) under the age of 19? Yes No. If yes, complete below. If no, go to Section 9.

Each child for whom assistance is requested must be deprived of the support of at least one parent as a result of death, incapacity/disability, unemployment or absence. Please answer the following questions:

Is any child(ren) deprived of support due to:
the absence of a parent?

Yes No.

If yes, the social worker will discuss this in more detail with you.

the incapacity or disability of a parent?

Yes No.

Child(ren)'s name _____

Incapacitated/disabled parent's name _____

the death of a parent?

Yes No.

Child(ren)'s name: _____

Deceased parent's name _____

Deceased parent's Soc. Sec. No. _____

Date of death _____

the unemployment of a parent?

Yes No.

Child(ren)'s name _____

Unemployed parent's name _____

DHS USE ONLY:

SECTION 9. SOCIAL SERVICES. Does anyone want information or need help in the following areas? (Check as many as you want)

- getting away from an abusive situation?
- birth control information or family planning?
- serious or ongoing health problems?
- drug or alcohol abuse?
- counseling or treatment?

- preventing child abuse?
- finding housing?
- finding a doctor?
- disabled children?
- other?

DHS USE ONLY:

Are you requesting day care services? Yes No. If yes, complete below. If no, go to page 15.

I am requesting day care services for (list names below):

DHS USE ONLY Per. No.	Name	Date of Birth	Grade

Why do you need day care services? (Please check the block that best describes your situation):

- Retain Employment Continue Education Pursue Training
 Protective/Preventive Other _____

Name of Day Care Facility: _____

Telephone Number: _____

Emergency Contact person: _____

Phone: _____

A copy of your Client Day Care Responsibilities is on page 21. Tear off page 21 NOW and keep it for your information. Read the information below carefully. Sign at the bottom of the next page.

CLIENT DAY CARE RESPONSIBILITIES

I AGREE TO:

- abide by the days and hours as specified in the day care plan to ensure my child(ren) will be supervised by me or someone else at all times. I will notify the provider of the person to contact if there is an emergency. If care is needed beyond the specified plan during the emergency, I understand I may be responsible for additional charges;
- be responsible for payment for any days and hours of care in excess of days and hours for which the Department of Human Services has agreed to pay;
- be responsible for any expense incurred by my failure to notify the Department of Human Services or the facility, as noted in the above two paragraphs;
- notify both the Department of Human Services and the Day Care Operator, within ten days: (1) of any change in facility or caretaker; (2) if participant is ill or otherwise unable to attend; or (3) the participant is no longer in need of the services;

- notify the Department of Human Services of any changes in the amount of my family's income (received from any source) and any change in the size of my family. I further agree to make this notification within 10 days of the change in income or family size;
- notify the Department of Human Services if there is any change concerning the person to be contacted in case of emergencies;
- be responsible for certifying my child's attendance in day care by signing the attendance record form maintained by the facility at the end of each month's care. I understand my failure to certify my child's attendance by signing the attendance record may result in the Department of Human Services terminating payment to the facility and/or the facility's discontinuing care to my child. I further understand I am NEVER to sign a blank attendance record.
- be responsible to promptly pay or make arrangements to pay to the facility any co-payment.
- make available to the day care facility health information regarding the health assessment of my child(ren) unless objected to based on religious grounds;
- be responsible for any established overpayment; and
- notify the Department of Human Services of any change of address and/or phone number.

I agree to the Client Responsibilities as shown on this page and to provide the county office of the Department of Human Services all information necessary to verify any statements made in this application and hereby give permission to the Department to obtain such verification. I affirm under penalty of perjury that this application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud. I understand that if my application is not completed within 45 days, I have a right to request a fair hearing.

I received a copy of "Client Day Care Responsibilities". Yes No.

Applicant's/Recipient's Signature

Date

() _____
Phone No.

Are you requesting any other help from DHS (in addition to Day Care Services)?
 Yes No. If yes, go to page 15. If no, stop here. You have completed your application for day care services.

DHS USE ONLY					
Male Parent/Caretaker			Female Parent/Caretaker		
Days	Hours of Activity	Travel Time	Days	Hours of Activity	Travel Time
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S		
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S		
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S		
DOCUMENTATION:					
DISCUSSION AND EVALUATION OF ALTERNATIVE DAY CARE PLANS:					
EMERGENCY BACK-UP PLAN:					
EXPLORATION AND DEVELOPMENT OF POTENTIAL INCOME (e.g. child support) (Initial Planning/Progress):					

Do you have a child(ren) who receives SSI Disability benefits? Yes No.
 If yes, the SSI-Disabled Children's Program (SSI-DCP) may provide special services and equipment for this child. Do you want to apply for the SSI-DCP Program?
 Yes No.

Persons under 21 years of age who are approved for Medical Assistance are eligible for comprehensive health services (including physical, dental, vision, and hearing examinations). This program is called Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Do you wish to request these health care services for a member of this household? Yes No.

NAME	DHS USE ONLY			
	HEALTH SCREENING		DENTAL NEEDS	
	ACCEPT	DECLIN	ACCEPT	DECLINE
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is help needed to make doctor or dentist appointments? Yes No.
 Is medical transportation needed? Yes No.

SECTION 10. RESOURCES. Does anyone have any resources or assets, such as:

- Cash
- Stocks/Bonds
- Livestock/Animals
- Life insurance
- Trust funds
- Checking or savings accounts
- Certificates of deposit
- Retirement accounts
- Prepaid burial contracts
- Tax Refunds

Yes No. If yes, complete below:

Type of Resource	Balance/ Value	In Whose Name?	Where Located?	Account/Policy No.
	\$			
	\$			

DHS USE ONLY:

SECTION 11. VEHICLES. Does anyone own or co-own any vehicles or items of value such as:

- Cars
- Trucks
- Motorcycles
- Recreational Vehicles (RVs)
- Boats
- Trailers
- Farm Equipment
- Other

Yes No. If yes, complete top of next page.

Item (Car, RV, etc.)	Year/Make/Model	In Whose Name?	Estimated Value	Amount Owed	Monthly Payment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

DHS USE ONLY:

SECTION 12. PROPERTY. Is anyone buying or an owner of real estate, land or buildings? Yes No. If yes, complete below.

Name of Buyer/Owner	Describe Property (Address, Co-owners, etc.)	Do You Live There?	Value of Property	Income Producing
		<input type="checkbox"/> Yes <input type="checkbox"/> No.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
		<input type="checkbox"/> Yes <input type="checkbox"/> No.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.

DHS USE ONLY:

SECTION 13. JOINTLY-OWNED RESOURCES. Is anyone's name on any other person's property deed, checking or savings account, car title, or any other record involving a resource/asset? Yes No. If yes, explain below:

DHS USE ONLY:

SECTION 14. TRANSFER OF RESOURCES/ASSETS.

For Medical Assistance applications: Has anyone sold, traded or given away resources/assets (these are things you would list in Sections 10, 11, and 12) within the last 3 years or within the last 60 months, if transfer was to a trust?
 Yes No. If yes, describe below:

For Food Stamp Applications: Has anyone sold, traded or given away resources/assets within the last three months? Yes No. If yes, describe below:

Description of Assets Sold, Traded or Given Away	Date Occurred	Amount Received
		\$
DHS USE ONLY:		

SECTION 15. MEDICAL INSURANCE

Is anyone covered by medical insurance? (Medicare, Champus and VA Aid and Attendance are considered insurance) Yes No.

Has anyone been in an accident in the last 12 months? Yes No.

If yes, has legal action been taken or planned? Yes No.

DHS USE ONLY:

SECTION 16. MANAGED HEALTH CARE. If you live in a managed health care area, have you chosen your health plan or your primary care physician/case manager?
 Yes No. If yes, complete below.

What is the name of the plan you have chosen? _____

Name of your primary care physician/Case manager: _____

SECTION 17. DIRECT DEPOSIT. If you are approved for cash benefits, do you want your checks deposited in your bank account? Yes No.

DHS USE ONLY:

APPLICANT MUST READ THIS PAGE

- I understand the questions on this application. I understand the penalties for hiding or giving false information or breaking any of the rules as stated in the penalty warning listed on page 2 of the application.
- I certify all members of my household for whom I am applying for assistance are U.S. citizens or aliens in lawful immigration status.
- I understand information provided on this application will be verified by federal, state, and local officials and that information obtained through these sources could affect my eligibility and benefits.
- I understand DHS has the right to make payments from Medicaid directly to doctors or other medical providers for health services I receive while on assistance.
- I agree to provide the documents necessary to establish my eligibility.
- I understand my signature below is also applicable to all addendums necessary to complete my application.
- Unless exempt, I and any person for whom I am applying or receiving assistance agrees to meet work-related requirements, and failure to comply may result in ineligibility for the person who failed to comply and all others in the household.
- I agree to notify the local DHS office within 10 days of changes in income, resources, household composition, address or living arrangements which affect the amount of my assistance or my right to receive assistance.
- I authorize the Department of Human Services to make any necessary investigation or request to verify the information I have given. I authorize the release of any necessary information, documents or forms to the Oklahoma Department of Human Services from individuals, businesses, schools, banking institutions, public or private organizations, Oklahoma State agencies, including personal and/or business income tax returns from the Oklahoma Tax Commission, or Federal Agencies to determine my eligibility for assistance.
- I understand DHS has the right to deny the application of or criminally prosecute anyone who knowingly provides false information and/or commits fraud to obtain assistance to which he/she is not entitled.
- My signature below authorizes the use of my (our) Social Security number(s) to administer any program (including Child Support Enforcement and food stamps) for which I have applied and to issue benefits by computer.
- I understand that the Social Security numbers of persons included in the case will be used to match with income data from other government agencies, i.e., Social Security Administration, Internal Revenue Service and Oklahoma Employment Security Commission. The information gathered will be used to determine my eligibility for assistance.
- I agree to turn over all child support payments to the local child support office. I also agree to cooperate in establishing support unless good cause is requested.

APPLICANT MUST READ AND SIGN BELOW

- **ASSIGNMENT.** I do hereby assign all my right, title and interest to all child, spousal and medical support (accrued, pending and continuing) to the Oklahoma Department of Human Services. I understand that this Assignment includes all support payments or medical benefits. I authorize the said Department to endorse and negotiate any checks received in my name as and for support to which the Department of Human Services has an interest pursuant to this agreement. Yes No.

I understand if I check "No" the AFDC payment will be made to a protective payee and my needs will not be included in the AFDC payment. I understand the Assignment is subject to the terms and conditions of Section 402(a)(26) of Title IV of the Social Security Act as amended. This Assignment shall terminate (1) with respect to current support rights upon termination of eligibility for cash assistance, and (2) with respect to support rights attributed to periods during which cash assistance was granted upon the repayment of past due public assistance and care. This assignment shall be effective as of the date I am certified to receive assistance.

I declare under penalty of perjury that the foregoing information is true and correct. (28 U.S.C. 1746).

SECTION 18. SIGNATURE(S)

Signature of Applicant (Name as Shown on Social Security Card) or Guardian Date

Signature of Spouse (if included in Section 2) or signature and relationship to payee of person giving information if other than applicant, guardian or spouse.

Complete the following when an applicant cannot read or write, is blind or signs by mark for some other reason.

I have heard all information contained in this application read to the applicant and have witnessed the signature/mark above.

WITNESS:

Signature

Date

Signature

Date

NOTICE: The Oklahoma Department of Human Services has assured compliance with DHHS Regulation, Title 45, Code of Federal Regulations, Part 80 (which implements Public Law 88-352, Civil Rights Act of 1964, Section 601), Part 84 (which implements Public Law 93-112, Rehabilitation Act of 1973, Section 504), and Part 90 (which implements Public Law 94-135, Age Discrimination Act of 1975, Section 301). These laws and Regulations prohibit excluding from participation in, denying the benefits of, or subjecting to discrimination under any program or activity receiving federal Financial Assistance any person on the grounds of race, sex, color, national origin, religion, political beliefs or any qualified person on the basis of handicap, or unless program-enabling legislation permits on the basis of age. Under these requirements, payment cannot be made to vendors providing care and/or services under Federally assisted programs conducted by the Department unless such care and/or service is provided without discrimination on the grounds of race, sex, color, national origin, religion, political beliefs, handicap, or without distinction on the basis of age except as legislatively permitted or required. Written complaints of noncompliance with any of these laws should be made to the Director of Human Services, P.O. Box 25352, Oklahoma City, Oklahoma 73125, or the Secretary of Health and Human Services, Washington, D.C., or U.S. Department of Agriculture (FCS), Washington, D.C. 20250.

DHS USE ONLY:

<input type="checkbox"/> AFDC	<input type="checkbox"/> FS	<input type="checkbox"/> SS/DC
Cert. Date: _____	Cert. Date: _____	Cert. Date: _____
Denial Date: _____	Denial Date: _____	Denial: _____
<input type="checkbox"/> AFDC-UP	<input type="checkbox"/> MA	<input type="checkbox"/> SSP
Cert. Date: _____	Cert. Date: _____	Cert. Date: _____
Denial Date: _____	Denial Date: _____	Denial: _____

DAY CARE INCOME COMPUTATION:

1. Family Size: _____

2. Financial Status:

a. Eligibility Predetermined _____ family member number(s) and benefit type(s)

b. Monthly Income Determination

Total Earned Gross Income	\$	_____
+ Total Non-Earned Gross income	\$	_____
= Total Gross Income	\$	_____
- Work Related Expenses (If applicable)	\$	_____
= TOTAL MONTHLY ADJUSTED	\$	_____

DAY CARE ELIGIBILITY DECISION:

1. Initially eligible for day care service: _____

No Co-payment Co-pay \$ _____ Effective _____

2. Continues to be Eligible after redetermination: No Plan Change.

Co-pay. Adjustment from _____ to \$ _____ Effective _____

Plan Change.

3. Continues to be Eligible.

Co-payment Adjustment ONLY

from \$ _____ to \$ _____ Effective _____

4. Not Eligible for Day Care Services

I do hereby attest that I have, to the best of my ability, ascertained the accuracy and established the validity of the eligibility information covered in this application.

Application Date _____ Eligible (Effective Date _____) Ineligible

If ineligible, reason: _____

Worker's Signature _____

Date _____

If you are applying for Day Care Services tear off this page and keep it for your information

CLIENT DAY CARE RESPONSIBILITIES

I AGREE TO:

- abide by the days and hours as specified in the day care plan to ensure my child(ren) will be supervised by me or someone else at all times. I will notify the provider of the person to contact if there is an emergency. If care is needed beyond the specified plan during the emergency, I understand I may be responsible for additional charges;
- be responsible for payment for any days and hours of care in excess of days and hours for which the Department of Human Services has agreed to pay;
- be responsible for any expense incurred by my failure to notify the Department of Human Services or the facility, as noted in the above two paragraphs;
- notify both the Department of Human Services and the Day Care Operator, within ten days: (1) of any change in facility or caretaker; (2) if participant is ill or otherwise unable to attend; or (3) the participant is no longer in need of the services;
- notify the Department of Human Services of any changes in the amount of my family's income (received from any source) and any change in the size of my family. I further agree to make this notification within 10 days of the change in income or family size;
- notify the Department of Human Services if there is any change concerning the person to be contacted in case of emergencies;
- be responsible for certifying my child's attendance in day care by signing the attendance record form maintained by the facility at the end of each month's care. I understand my failure to certify my child's attendance by signing the attendance record may result in the Department of Human Services terminating payment to the facility and/or the facility's discontinuing care to my child. I further understand I am NEVER to sign a blank attendance record.
- be responsible to promptly pay or make arrangements to pay to the facility any co-payment.
- make available to the day care facility health information regarding the health assessment of my child(ren) unless objected to based on religious grounds;
- be responsible for any established overpayment; and
- notify the Department of Human Services of any change of address and/or phone number.

I agree to the Client Responsibilities as shown on this page and to provide the county office of the Department of Human Services all information necessary to verify any statements made in this application and hereby give permission to the Department to obtain such verification. I affirm under penalty of perjury that this application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud. I understand that if my application is not completed within 45 days, I have a right to request a fair hearing.

Purpose of Form

This form is used for applicants requesting AFDC benefits and Refugee Cash Assistance. It may also be used for Medical Assistance, State Supplemental Payments (SSP), Food Stamps and social services. The social worker uses this form to record verification and documentation of eligibility factors.

Instructions for Preparation of Form

Each section on the form is completed by the applicant/recipient or from information provided by the applicant/recipient or anyone acting in his/her behalf. Questions on the form prompt the applicant to provide program specific information in each section applicable to his/her situation.

"DHS USE ONLY" space is provided throughout the form for the social worker to use in analyzing the application and documenting eligibility factors addressed by the form. All information entered must be legible and sufficiently detailed to substantiate the determination decision. If a client's information is inconsistent or there are other facts or observations which cause the social worker to question the client's information, an explanation must be entered in this space, rather than altering the client's information. Additional sheets of paper may be attached as needed.

Page 1 and 2 provide basic information for the applicant/recipient in completing the application form and lists client rights, responsibilities and penalties.

Page 3. The top portion of this page is for DHS use only. The applicant/recipient completes the rest of the page.

Page 4 and 5. Section 2 is completed by the applicant. If there are more than eight household members, the applicant/recipient attaches a separate sheet of paper with the additional members' information. The areas marked DHS USE ONLY are used by the social worker for recording comments and other information. The social worker is also prompted to enter data needed for the case number assignment process. A space is provided for specifying each member's status (MS) and benefit type. For member status, the social worker enters the appropriate code from the following list:

P = Applicant, needs included	N = Applicant, needs not included
S = Spouse of applicant, needs included	M = Spouse of applicant, not included
G = Applicant with guardian, needs included	D = Dupl. Check only, member not included
C = Child with guardian, needs included	X = Household member, needs included

For benefit type, the social worker checks the appropriate blocks for each member (the alpha letters above each block reflect the PS-2 section corresponding to the benefit type.)

Pages 6 through 11 are completed by the client.

Page 12 and 13. The applicant/client completes the top of page 12. If applicable, the applicant/client reads **Client Day Care Responsibilities**, then signs and dates page 13 to indicate that his/her reporting responsibilities have been explained, understood and agreed to. If the applicant/client cannot read/write, the worker is to read the page to the individual and write a brief explanation as to why the applicant/client did not sign/date this page.

Page 14. DHS USE ONLY.

Page 15-17. These pages are completed by the client.

Page 18. The applicant/recipient reads this page. The social worker explains rights and responsibilities to the applicant/recipient.

Page 19. The applicant reads, signs, and dates the page to indicate that his/her rights and responsibilities have been explained, understood and agreed to. If the applicant cannot read/write the worker reads the page to the applicant/recipient and writes a brief explanation as to why the applicant/client did not sign/date this page. When an applicant/recipient signs the application by mark, two witnesses must sign and date this page in the space provided. For added programs the worker writes the date and program on the signature line and has the client sign the form.

Page 20. The social worker records the eligibility decision, then signs and dates this page. The additional space can be used for notes, comments, etc.

Page 21. Day care responsibilities. Applicants for day care services keep this page for their information.

Routing of Form

The original is retained in the local case record. A copy may be given to the applicant/recipient.

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
SIGNATURE PAGE

Case Name: _____ Case Number: _____

APPLICANT MUST READ THE FOLLOWING INFORMATION AND SIGN SECTION 18 ON THE BACK OF THIS PAGE.

PENALTY WARNING

There are penalties for doing any of the following:

- hiding information or making false statements.
- changing food stamp authorization cards.
- using food stamps or authorization cards that belong to someone else.
- using food stamps to buy alcohol tobacco.
- trading or selling food stamps or authorization cards.

For most situations, the penalties are loss of benefits:

- 12 months for the first offense.
- 24 months for the second offense.
- permanently for the third offense.

The penalties for trading food stamps for controlled substances are loss of benefits:

- 24 months for the first offense.
- permanently for the second offense.

The penalty for trafficking food stamp benefits of \$500 or more, trading food stamps for firearms, ammunition or explosives is loss of benefits:

- permanently for the first offense.

The person can also be fined up to \$250,000, put in prison for up to 20 years, or both. The person may go to court under other federal laws.

- I understand the questions on this application. I understand the penalties for hiding or giving false information or breaking any of the rules as stated in the penalty warning listed above.
- I certify all members of my household for whom I am applying for assistance are U.S. citizens or aliens in lawful immigration status.
- I understand information provided on this application will be verified by federal, state, and local officials and that information obtained through these sources could affect my eligibility and benefits.
- I understand DHS has the right to make payments from Medicaid directly to doctors or other medical providers for health services I receive while on assistance.
- I agree to provide the documents necessary to establish my eligibility.
- I understand my signature below is also applicable to all addendums necessary to complete my application.
- Unless exempt, I and any person for whom I am applying or receiving assistance agree to meet work-related requirements. Failure to comply may result in ineligibility for the person who failed to comply and all others in the household.
- I agree to notify the local DHS office within 10 days of changes in income, resources, household composition, address or living arrangements which affect the amount of my assistance or my right to receive assistance.
- I authorize the Department of Human Services to make any necessary investigation or request to verify the information I have given. I authorize the release of any necessary information, documents or forms to the Oklahoma Department of Human Services from individuals, businesses, schools, banking institutions, public or private organizations, Oklahoma State agencies, including personal and/or business income tax returns from the Oklahoma Tax Commission, or Federal Agencies to determine my eligibility for assistance.
- I understand DHS has the right to deny the application of or criminally prosecute anyone who knowingly provides false information and/or commits fraud to obtain assistance to which he/she is not entitled.

- My signature below authorizes the use of my (our) Social Security number(s) to administer any program (including Child Support Enforcement and food stamps) for which I have applied and to issue benefits by computer.
- I understand that the Social Security numbers of persons included in the case will be used to match with income data from other government agencies, i.e., Social Security Administration, Internal Revenue Service and Oklahoma Employment Security Commission. The information gathered will be used to determine my eligibility for assistance.
- I agree to turn over all child support payments to the local child support office. I also agree to cooperate in establishing support unless good cause is requested.
- **ASSIGNMENT.** I do hereby assign all my right, title and interest to all child, spousal and medical support (accrued, pending and continuing) to the Oklahoma Department of Human Services. I understand that this Assignment includes all support payments or medical benefits. I authorize the said Department to endorse and negotiate any checks received in my name as and for support to which the Department of Human Services has an interest pursuant to this agreement. Yes No.
- I understand if I check "No" the TANF payment will be made to a protective payee and my needs will not be included in the TANF payment. I understand the Assignment is subject to the terms and conditions of Section 402(a)(26) of Title IV of the Social Security Act as amended. This Assignment shall terminate (1) with respect to current support rights upon termination of eligibility for cash assistance, and (2) with respect to support rights attributed to periods during which cash assistance was granted upon the repayment of past due public assistance and care. This assignment shall be effective as of the date I am certified to receive assistance.
- I declare under penalty of perjury that the foregoing information is true and correct. (28 U.S.C. 1746).

SECTION 18. SIGNATURE(S)

Signature of Applicant (Name as Shown on Social Security Card) or Guardian Date

Signature of Spouse (if included in Section 2) or signature and relationship to payee of person giving information if other than applicant, guardian or spouse.

Complete the following when an applicant cannot read or write, is blind or signs by mark for some other reason.

I have heard all information contained in this application read to the applicant and have witnessed the signature/mark above.

WITNESS:

Signature Date

Signature Date

NOTICE: The Oklahoma Department of Human Services has assured compliance with DHHS Regulation, Title 45, Code of Federal Regulations, Part 80 (which implements Public Law 88-352, Civil Rights Act of 1964, Section 601), Part 84 (which implements Public Law 93-112, Rehabilitation Act of 1973, Section 504), and Part 90 (which implements Public Law 94-135, Age Discrimination Act of 1975, Section 301). These laws and Regulations prohibit excluding from participation in, denying the benefits of, or subjecting to discrimination under any program or activity receiving federal financial assistance any person on the grounds of race, sex, color, national origin, religion, political beliefs or any qualified person on the basis of handicap, or unless program-enabling legislation permits on the basis of age. Under these requirements, payment cannot be made to vendors providing care and/or services under Federally assisted programs conducted by the Department unless such care and/or service is provided without discrimination on the grounds of race, sex, color, national origin, religion, political beliefs, handicap, or without distinction on the basis of age except as legislatively permitted or required. Written complaints of noncompliance with any of these laws should be made to the Director of Human Services, P.O. Box 25352, Oklahoma City, Oklahoma 73125, or the Secretary of Health and Human Services, Washington, D.C., or U.S. Department of Agriculture (FCS), Washington, D.C. 20250.

___ EARNED INCOME (Check stub which includes date, name or social security number, and total income before deductions. A signed statement from your employer will be proof if the statement is dated and includes the address and phone number of the person signing the statement. It will be necessary for you to provide proof of all earned income (including tips, bonuses, vacation pay, sick pay, uniform allowance, etc.) for the months of _____.)

___ SELF EMPLOYMENT (Copy of last year's tax return or current record books of your earnings and expenditures)

___ UNEMPLOYMENT

___ SOCIAL SECURITY INCOME (Copy of your current award letter or check)

___ RETIREMENT OR PENSIONS

___ VETERAN'S BENEFITS (Copy of your current award letter or check)

___ CHILD SUPPORT AND/CR ALIMONY (Divorce decree and proof of the support)

___ CONTRIBUTIONS AND GIFTS

___ TAX REFUNDS (Federal/State refunds and earned income tax credit)

___ OTHER INCOME (SPECIFY)

___ CHECKING AND/OR SAVING ACCOUNTS (Bank statements, trust funds, IRAs, bonds, certificate of deposits, stocks etc.)

___ INSURANCE POLICIES (life, health/accident, burial. Company name and policy # are required)

___ DEEDS AND/OR LEGAL, DESCRIPTION OR REAL PROPERTY AND/OR MINERAL RIGHTS

___ SHELTER COST (Rent receipt, landlord's name and phone #, name of mortgage company and amount of mortgage, utility bills, property taxes and home insurance policy if not included in mortgage)

___ PERSONS CURRENTLY LIVING IN YOUR HOME Proof may be statements form other individuals, or the names of persons who can be contacted. Persons whose names are provided will be contacted for verification.

___ DAY CARE EXPENSES

___ MEDICAL EXPENSES (Monthly health insurance premium, prescription cost, payments to doctors, hospitals, etc.)

___ BIRTH VERIFICATION

___ SOCIAL SECURITY AND/OR MEDICARE CARD

___ MOTOR VEHICLES (Copies of titles and/or mortgages)

The Henry J. Kaiser Family Foundation, based in Menlo Park, California, is a non-profit independent national health care philanthropy dedicated to providing information and analysis on health issues to policymakers, the media and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

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