



Application Information for Children's Health Insurance Program (CHIP), Children's Medicaid, and CHIP perinatal coverage

CHIP

CHIP covers children from birth through age 18 who cannot be approved for Medicaid and cannot afford private health insurance. To qualify for CHIP, your financial assets must be limited in value and you must have income below limits based on your household size. CHIP enrollment fees and co-payments for doctor visits, prescriptions and other services are based on your family's income.

Children's Medicaid

Medicaid provides health insurance for children from birth through age 18 in families with low income. To be approved for Medicaid, your financial assets must be limited in value and you must have income below certain limits. If your child is approved for Medicaid, you will not have to pay an enrollment fee or make co-payments for doctor visits, prescriptions or other services for that child.

CHIP perinatal coverage

CHIP perinatal coverage provides health care benefits to unborn children of pregnant women who cannot be approved for Medicaid or other CHIP coverage because of income or immigration status. In some cases, the unborn child will receive CHIP perinatal coverage and the mother will have to apply for Emergency Medicaid to pay for the costs of labor with delivery when the baby is born. Failing to apply for emergency coverage, may result in out of pocket costs for labor and delivery of the baby. If you need to apply for Emergency Medicaid when your baby is born, visit a local HHSC eligibility office or hospital based eligibility worker.

Ways to Apply

If you want to apply for CHIP, Children's Medicaid, or CHIP perinatal coverage you can:

- Call toll free 1-800-647-6558.
- Fill out the attached application and mail it, along with required documents, to:
HHSC
P.O. Box 14200
Midland, TX 79711-4200
- Fill out the attached application and fax it toll free, along with the required documents, to 1-877-542-5951.

If you want to apply for these programs and other benefits such as **food stamps, financial assistance, or Medicaid for an adult**, you can:

- Dial 2-1-1
- Visit www.yourtexasbenefits.com
- Visit a local HHSC Benefits Office

Documents We Need

When we review your application, we will need to see proof of:

Income

We need proof of how much money each person in your household is making. The proof must show each person's current income. The proof could be a copy of any one or more of the following:

- Pay check stub issued in the last 60 days showing the amount paid before any taxes or deductions (gross pay).
- Most recent IRS tax return including Schedule C (if you filed that form).
- Proof of self-employment.
- Letter from an employer.
- Cash assistance receipt.
- Most recent Social Security statement.
- Child support check stub or receipt.

Expenses

We need proof of any expenses you report on your application. The proof can be receipts for child care expenses, disabled adult care expenses, child support payments or alimony payments.

U.S. Citizenship or Immigration Status

We need proof of U.S. citizenship or immigration status for each person applying for CHIP, Children's Medicaid, or CHIP perinatal coverage. For each person applying, send a copy of **ONE** of these:

- Front and back of Permanent Resident Card (I-551).
- Arrival/Departure Form (I-94) from the U.S. Bureau of Citizenship and Immigration Service (BCIS).
- U.S. birth certificate.
- U.S. passport.

Social Security Numbers

We need Social Security numbers for each person requesting coverage.*

If you are pregnant and do not have a Social Security number or you are a non-citizen, you may still be approved for CHIP perinatal coverage. All statements provided as proof of your situation must be signed and dated with the name, address, and phone number of the person(s) providing the statement. If you send an original document and we determine you need it for your personal records, we will make a copy and return it to you.

* You will be asked to provide the Social Security numbers for all people (including yourself), for whom you want assistance. If any of these people do not have a Social Security number, we can help you apply for one. Providing or applying for a Social Security number is required as a condition of eligibility for Medicaid benefits. Therefore, any person who declines to apply for or provide a Social Security number may be found ineligible for benefits. The authority for this requirement is found in Medical Assistance benefits, 42 C.F.R. 435.910. We will not share your Social Security number with the Bureau of Citizenship and Immigration Services. You will not have to provide Social Security numbers for any family members who are not eligible because of immigration status and who are not asking for benefits. Social Security numbers are used to verify eligibility, to conduct computer matching with other agencies (such as the Texas Workforce Commission, the Social Security Administration, the Internal Revenue Service, credit reporting agencies) and to recover benefits you were not entitled to receive. We may share Social Security numbers with phone and electronic companies to help them determine if you qualify for a reduction in your bills or with others to help you receive benefits based on need.

Instructions to fill out this Application

This application is for Children's Health Insurance Program (CHIP), Children's Medicaid, and CHIP perinatal coverage. We must first see if each person applying for benefits can be approved for Medicaid before we can see if they might be approved for CHIP. Federal law does not allow anyone who can be approved for Medicaid to enroll in CHIP or CHIP perinatal coverage.

To apply:

- Fill out, sign, and date the application.
- Attach all of your proof of income, expenses and proof of each applying person(s)' citizenship or lawful permanent resident status for each person applying for benefits.
- Provide Social Security numbers for each person applying.
- Mail the finished application and documents of proof in the pre-paid printed envelope that came with the application.

Who can apply?

- Any adult age 18 or older who lives with the children more than half of the time and is responsible for the care of the children.
- Any children younger than 19 years of age, living on their own.
- Any pregnant family member.

1 Fill out the application using black or blue ink. If you are applying for your children we do not need your Social Security number to process the application for children's health care coverage. Each child applying for coverage must live in Texas.

2 Provide information for any pregnant woman applying for health care benefits for her unborn child.

Line (b)

List the name(s) of any pregnant family member(s) in your household, including children for whom you are applying. Tell us the pregnant family member's mother's maiden name along with all other requested information.

Line (c)

We will need proof of U.S. citizenship or immigration status for each person who is applying for benefits. People who are lawful permanent residents may be approved for these health care benefit programs. For each person, send a copy of the front and back of **ONE** of these:

- Permanent Resident Card (I-551).
- Arrival/Departure Form (I-94).
- U.S. birth certificate.
- U.S. passport.

We do not need information about the citizenship or immigration status for anyone not applying. We will not share any information you provide with the Bureau of Citizenship and Immigration Services (BCIS), and the BCIS cannot use this application or the enrollment of any person in any of these programs to deny you admission to the United States, to harm your permanent resident status, or to deport you. **If you are a non-citizen you may still qualify for CHIP perinatal coverage.**

Line (d)

Mark the box "yes" if the pregnant family member is currently covered by private health insurance and write in the date the coverage will end. If the private health insurance coverage is not ending, mark "N/A". Mark the box "no" if the pregnant family member is not covered by private health insurance.

Line (e)

List the name and address of the father of the unborn child.

3 If you are **ONLY** applying for CHIP perinatal coverage, and there are no children in the household, **SKIP** this section. Otherwise please fill out a column for every child, **even if you are not applying for health care for that child.** You may only apply for children who live in your home. If more than four children live with you, please give us the information about the additional children on a separate sheet of paper and attach it to this application. If you are younger than 19 and do not live with your parents, you can fill out this section for yourself.

Line (c)

Please check the "Applying" box in each column under any child's name who needs health care coverage. If you do not need health care coverage for one of the children listed, please check the "Not Applying" box in the column under that child's name.

Line (d)

Tell us how each child living in your home is related to you. Examples of answers include daughter, son, grandchild, or nephew. If you are not related to the child but the child lives with you, write "other." If you are applying for yourself, write "self."

Line (g)

We will need proof of U.S. citizenship or immigration status for each child applying for CHIP or Children's Medicaid. Children who are lawful permanent residents may be approved for these health care benefit programs. For each child, send a copy of the front and back of **ONE** of these:

- Permanent Resident Card (I-551).
- Arrival/Departure Form (I-94).
- U.S. birth certificate.
- U.S. passport.

We do not need information about the citizenship or immigration status for anyone not applying. We will not share any information you provide with the Bureau of Citizenship and Immigration Services (BCIS), and the BCIS cannot use this application or the enrollment of your children in Children's Medicaid or CHIP to deny you admission to the United States, to harm your permanent resident status or to deport you.

Line (h)

We must have a Social Security number for each child for whom you are applying for health care coverage. If the child does not have a Social Security number, mail us proof that you have applied for your child's Social Security number from your local Social Security office (copy of Form SSA 2853 or Form SSA 5028). If you need help applying for the child's Social Security number please call 1-800-772-1213. We will not give the Internal Revenue Service or the BCIS your child's Social Security number.

Line (j)

Enter each child's mother's maiden name. This will help us find proof of U.S. citizenship if your child was born in Texas.

Line (o)

This question is optional and used for statistical purposes and does not affect eligibility.

4 If you are **ONLY** applying for CHIP perinatal coverage, **SKIP** this section. Otherwise please fill out a column for each child who lives with you.

Line (a)

Mark the box "Yes" if the child is currently covered by private health insurance. Write in the name of the insurance company, name of the policy holder and the policy group number. If the health insurance is ending write in the date it will end in the space provided.

Mark the box "No" if the child is not covered by private health insurance. Mark the box "No" if the child is only covered by auto, worker's compensation, accident or sports-related insurance, or Children with Special Health Care Needs (CSHCN) coverage.

If the child is not covered by private health insurance but had health insurance in the past 90 days, please mark the box that best states why the insurance was dropped and the date the insurance ended.

Line (b)

Your answer to this question will not affect your children's ability to be approved for Children's Medicaid or CHIP. We ask this because if your child is eligible for Children's Medicaid, you may be able to get financial help for the child's private insurance premium.

5 The four questions in this section do not have to be answered and do not affect whether your children will be approved for health care benefits.

6 Please list all of the parents and step-parents **WHO LIVE WITH THE CHILDREN**, even if you already listed them in other parts of this application. If you are not the children's parent or step-parent you do not need to list yourself in this section.

7 Please list all of the parents, step-parents and children's gross income in this section. Gross income is money you are paid before taxes and deductions. Include income received from jobs, Social Security (retirement, survivor, and disability), child support, alimony, and Temporary Assistance for Needy Families (TANF). You must send proof of each income source. This may include a copy of a pay check stub you received in the last 60 days showing the amount paid before any deductions (gross income) or a letter from an employer. Proof can also include a cash assistance receipt, your most recent Social Security statement, or a child support check stub or receipt. If you are self-employed proof can be your most recent IRS tax return including Schedule C or the Schedule C-EZ. If you send us the Schedule C-EZ also send documents that prove the business deductions you claimed on that form so we can use those same deductions when we look at your income for CHIP. If you are not the parent or step-parent of any of the children, do not provide your income information.

8 Please complete this section if any of the family members who live in the home pay:

- Childcare expenses
- Child support
- Alimony
- Disabled adult care

We may subtract the amount of these dependent care expenses, child support, or alimony when deciding if your children can be approved for Medicaid. We may also subtract the childcare expenses when deciding if your children can be approved for CHIP or CHIP perinatal coverage.

We must have proof and will accept copies of canceled checks and/or a statement from the Office of the Attorney General if the child support is paid through their office. We will accept the following copies of your documentation as proof: receipts from the childcare center, company providing disabled care or canceled checks.

9 If you are **ONLY** applying for CHIP perinatal coverage, **SKIP** this section. Otherwise, you must fill out this section. If you are the child's parent or stepparent, answer these questions about the assets of the family members who live in your home. If you are not the child's parent or stepparent, your home and other property do not count as assets. Only give us information about the child or children's assets.

Line (a)

For the parents and/or the children that live in the home, please write in the total amount of money that was available on the last day of last month in checking, savings and/or Electronic Benefit Transfers (TANF account only) accounts; cash on hand; and accessible trust funds. Write "\$0" if the family members who live in your home DO NOT have money in bank accounts, cash on hand, or anywhere else.

Line (b)

For the parents and/or children living in the home, please write the make, model and year for each vehicle your family has registered in their name or is buying. Please write "NA" in the table if your family does not have a vehicle registered in their name or is not buying a vehicle. You do not need to provide information for any vehicle you are leasing. Depending on your family's income, we may need to ask you for more information about your vehicles.

10 If anyone is applying for benefits is approved for Medicaid and has unpaid medical bills during the last three months, Medicaid may be able to pay those bills. Mark the box "Yes" if the person applying for benefits has unpaid medical bills for the last three months. Send copies of the unpaid medical bills showing the dates of service for each bill. Send proof of each income source for all family members in your home for each of the past three months. If you mark the box "Yes" and anyone who is applying is approved for Medicaid, you will be contacted for more information.

11 If you would like for someone besides yourself and any parent or step-parent, listed in Section 1 or 4 to contact us as your representative, write in their information. You must name a person and not an agency. It is important to understand that this person will have the same rights as you and may change anything on your application, including taking your children off Children's Medicaid or CHIP. They will also have the right to change your children's health plan and primary care provider. You are also giving the Texas Health and Human Services Commission and its contractors permission to release information to this person.

12 Please read this section carefully. By signing this application you are agreeing to the rights and responsibilities listed.

13 Review this section to make sure you include all of the necessary proof of your income, expenses and proof of your children's citizenship or lawful permanent resident status. If you do not include all of the necessary proof with your application, we will contact you for the information.

14 Please sign and date the application. We cannot process your application and your children cannot be offered health care coverage without your signature. Mail your application and documents using the postage-paid pre-printed envelope. If you do not have this envelope, address your own envelope and mail the application and documents to:

**HHSC
P.O. Box 14200
Midland, TX 79711-4200**

Or, fax the application and documents toll-free to:
1-877-542-5951