

SelectPlan for Women - Data Entry Form

Site/Patient ID

Grid for Site/Patient ID

Section I: Applicant Information

Today's Date:

Month/Day/Year date input

(Month/Day/Year)

FIRST NAME: MIDDLE INITIAL LAST NAME

Address:

Address Line 1

Address Line 2

City

State

Zip Code

COUNTY NAME

Home Phone Number (include area code)

Work Phone Number (include area code)

Extension

Cell Phone Number (include area code)

What is the best time to call you?

Morning

Afternoon

Evening

Do you wish to use a DIFFERENT mailing address because of confidentiality reasons?

Yes No

IF YES:

Street Address

City:

State:

Zip:

Section II: HOUSEHOLD MEMBERS-LIST ONLY YOURSELF, and if applicable, your husband & dependent children living with you

1.) YOUR INFORMATION:

Birthdate: Month / Day / Year

Sex: Female Male

Social Security Number

Citizen: US Citizen

Are you pregnant? NO YES

Race: African-American

Status: Permanent Alien*

Have you had a tubal ligation? NO YES

Native American/American Indian

Temporary Alien

Marital Status: Single Married Other:

Asian White Other

Refugee/Asylee

Native Hawaiian/Pacific Islander

* When did applicant enter country?

* Applicant's Alien Registration #:

* What country did applicant come from?

* Does Applicant have sponsor?: Yes No

DO YOU HAVE A COPY OF YOUR BIRTH CERTIFICATE: YES NO

If "NO", go to page 4 and answer all questions regarding your birth!

2.) IF YOU ARE MARRIED AND YOUR HUSBAND LIVES WITH YOU, PLEASE LIST INFORMATION BELOW REGARDING HIM:

REGARDING HIM:

Sr,Jr,etc

Your husband's Last Name

Husband's First Name

Middle Initial

Citizen Status: US Citizen Permanent Alien Temporary Alien Refugee/Asylee

Race: African-American Native American/American Indian Asian White Other

Date of Birth (Month / Day / Year)

Social Security Number

Native Hawaiian/Pacific Islander

3.) DEPENDENT CHILDREN THAT CURRENTLY LIVE WITH YOU:

Child 1:

Last Name

First Name

Middle Initial

Sex: Male Female

Citizen Status: US Citizen Permanent Alien Temporary Alien Refugee/Asylee

Race: African-American Native American/American Indian Asian White Other

Date of Birth (Month / Day / Year)

Social Security Number

Is this your: Child Other

Marital Status of your CHILD: Single Married Other [1]

Dependent children living with you, continued:

Child 2: Last Name, First Name, Middle Initial, Sex, Citizen Status, Race, Date of Birth, Social Security Number, Marital Status of your CHILD

Child 3: Last Name, First Name, Middle Initial, Sex, Citizen Status, Race, Date of Birth, Social Security Number, Marital Status of your CHILD

[For Additional Dependent Children, please continue on page 4]

*What school district do you live in? Unknown

Section III: INCOME AND EXPENSES: Do you, your husband, or any dependent child living with you currently have a job or will start a job in next 30 days?

Name of person working, Name of Employer, Is this job current or pending?, Employer, Address, City, State, Zip Code, Employer's Phone Number, Gross wages, When did this person begin working at this job?, Hours worked per week, Hourly Wage, Date of Last Check, Can you provide proof of this income

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Name of person working:

Name of Employer: _____

Is this job current or pending? Currently works here Will start here in the next 30 days

Employer: _____

Address: Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip Code _____

Employer's Phone Number (include area code) _____ \$ _____

Gross wages, before taxes or deductions

When did this person begin working at this job? _____/_____/_____

Hours worked per week: _____ mm _____ dd _____ yyyy

Hourly Wage: \$ _____

Date of Last Check: _____/_____/_____ (Month / Day / Year)

Can you provide proof of this income (pay stub within the past 30 days)? YES NO

Paid how often?
 Weekly
 Every 2 weeks
 Twice/Month
 Monthly
 Other

[For Additional Jobs/Employment, please continue on page 4]

Section III: INCOME AND EXPENSES, continued

Do you, your husband, or any dependent child living with you have any of the following income?

Please Check:	Whose income is it?	How often is it received?	Amount-BEFORE Taxes:	Date of Last Check:
<input type="checkbox"/>	Social Security Income	_____	\$ _____	____/____/____
<input type="checkbox"/>	Pension/Retirement	_____	\$ _____	____/____/____
<input type="checkbox"/>	Worker's Compensation	_____	\$ _____	____/____/____
<input type="checkbox"/>	Unemployment Benefits	_____	\$ _____	____/____/____
<input type="checkbox"/>	Dividends/Interest	_____	\$ _____	____/____/____
<input type="checkbox"/>	Child Support/Alimony	_____	\$ _____	____/____/____
<input type="checkbox"/>	Other: _____	_____	\$ _____	____/____/____

Section IV: Child Care/Adult Dependent Care Expenses

Do you, your husband, or dependent child pay for child care or care for an adult with a disability to go to work? Yes No

Expense #1: Who is paying for the care? _____

Name of child/dependent adult receiving the care: _____

Monthly amount paid: \$ _____ How many months per year is this paid? _____

Can you provide proof of this? YES NO

Expense #2: Who is paying for the care? _____

Name of child/dependent adult receiving the care: _____

Monthly amount paid: \$ _____ How many months per year is this paid? _____

Can you provide proof of this? YES NO

Expense #3: Who is paying for the care? _____

Name of child/dependent adult receiving the care: _____

Monthly amount paid: \$ _____ How many months per year is this paid? _____

Can you provide proof of this? YES NO

Section V: Healthcare Insurance Information

Does anyone seeking SelectPlan for Women benefits have health insurance, including Medicare? Yes No

If YES: Who is covered by this policy? _____

What is covered by this policy? Family Planning Services Prescriptions (incl. contraceptives)

Will filing a claim on this insurance cause physical, emotional, or

other harm from your husband, parents, or other person? YES NO

If yes, please explain: _____

What is the language preference in the household? English Other: _____

If an interview is necessary, is an interpreter needed? Yes: _____

No

Applicant Rights & Responsibilities:

- * I understand the information on this form will be kept confidential and used only to administer benefits
- * I authorize the release of personal, financial, & medical information for the purpose of determining eligibility for this plan
- * I understand I must report all changes in my household/financial situation to the County Board of Assistance within 10 days
- * I understand the information I have reported is subject to verification from employers, financial sources, other third parties
- * I certify that all information on this application is true under penalty of perjury
- * I understand that a SelectPlan for Women applicant must provide her Social Security Number
- * I certify the applicant for SelectPlan for Women is a US Citizen or has satisfactory immigration status for Medicaid
- * I certify to the best of my knowledge that I understand my rights and responsibilities

Print Name of Applicant: _____

