\*\*\* If you receive an older application, or one that is not complete, below are the questions you need to ask the individual \*\*\*

\*\*\* Complete each column for each individual residing in the household \*\*\*

	Case Name:				SSN:			CRIS-E Case #:				
	Name of individuals		1	Person 2		Person 3	Pers	on 4	Person 5		Person 6	
in the hou	sehold:						İ					
					1441/2003				1			
How will yo	u file	☐ Single		☐ Single		Single	☐ Sin	gle	☐ Single		☐ Single	
federal inco	me tax <u>next</u>	☐ Marrie		☐ Married Jointly		Married Join		rried Jointly	☐ Married Jointly		☐ Married Jointly	
year?		☐ Marrie		☐ Married		Married	□ Ma		☐ Married		☐ Married	
		Separate	·	Separate		eparate	Sepai	ate	Separate		Separate	
		☐ Not F	iling	☐ Not Filing		☐ Not Filing		t Filing	☐ Not Filing	3	☐ Not Filing	
Who do you												
dependents	i, if any?											
		N CONTRACTOR OF THE PARTY OF TH	u prodena ses	SATA TANA		des dans de River da aixo						
A no service in the sign of th		4 - 2 - 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2	X 3 (8) 4 4 5 5 6 7								990 at 1891 years.	
Are you bein	-											
by someone not living in the household? If												
yes, please list the												
name(s) of t												
claiming you												
your relation	nship.											
		4.4029/11/2	And the second				290 M (64)		MORNEY C			
Please ma	ike sure to	inform t	he individ	<b>lual</b> : Wen	eed the in	formation abo	ve to check	your eligibil	ity for help pay	ing for h	ealth coverage if	
you choose	to apply. Wi	e'll check yo	our answers	using inform	nation in o	ur electronic o	databases fi	om the Inter	nal Revenue S	ervices (I	RS), Social	
Security, the	e Departmen	t of Homela	and Security	, and/or a co	onsumer r	eporting agend	y. If the in	formation do	es not match,	we may	ask you to	
provide veri	fication.											
						to ping the H						
tnemselves	(includes t	neir minoi	r children)	as long as y	ou docui	nent in your	iournal		D-46	1 -1		
							Journan.		Date of ver	bai coni	firmation	
Medicaid							journan		Date of ver	bai coni	firmation	
Medicala	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	1	I		
	NAME	NAME	NAME	NAME	NAME		NAME	NAME	Medicaid	Max	MAGI	
HH	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	1	I	MAGI	
	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
НН	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
НН	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH NAME NAME	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH NAME NAME	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH NAME NAME	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH NAME NAME	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH NAME NAME	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH NAME NAME NAME	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH NAME NAME NAME	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH NAME NAME NAME NAME	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH NAME NAME NAME NAME NAME	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH NAME NAME NAME NAME	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	
HH NAME NAME NAME NAME NAME	NAME	NAME	NAME	NAME	NAME		<u>-</u>	NAME	Medicaid	Max	MAGI ne Result	