

Additional Member Information (If you have more than two people to include, make a copy of the Additional Member section and complete.)

First Name, MI, Last Name & Suffix	Marital Status	If married, do they live with their spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to you?
Social Security Number (OPTIONAL)	Date of Birth	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date: _____ If yes, how many babies are expected: _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Do they plan to file a federal income tax return NEXT YEAR?

Yes **If yes**, answer questions 1 - 3 No **If no**, skip to question 3.

Note: They can still apply for health insurance even if they don't file a federal tax return.

1. Do they expect to file a joint return with a spouse/partner? Yes No

If yes, name of spouse/partner: _____

2. Will they claim any dependents on their tax return? Yes No

If yes, list name(s) of dependents: _____

3. Are they being claimed as a dependent on someone else's tax return? Yes No

If yes, please list the name of the tax filer: _____

How are they related to the tax filer? _____

Are they applying for Medicaid, Nevada Check-Up or assistance with their health insurance premiums (Advanced Premium Tax Credit - APTC)?

Yes **If yes**, answer all the questions below. No **If no**, skip to the income questions.

Note: Marking 'Yes' means they will be evaluated for federally funded medical assistance.

Social Security Number - REQUIRED if not listed above	If they are a child, under the age of 19, do they have access to public employee coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

Are they a U.S. citizen? Yes No Have they lived in the U.S. since 1996? Yes No

If not a U.S. citizen, do they have eligible immigration status? Yes No

Type: _____ **ID Number:** _____

If yes, provide the following information: _____

Are they, their spouse or their parent (if they are a minor) an honorably discharged veteran or active-duty member of the military? Yes No

Are they a full-time student? Yes No

Are they an American Indian or Alaska Native? Yes No

If yes, what tribe?

If under age 26, have they ever been in foster care? Yes No **If yes**, what state? _____

Age when they left the program? _____ Did they receive health care through a state Medicaid program? Yes No

Are they a parent or primary caretaker relative of any child(ren), under the age of 19, in the household?

Yes No **If yes**, who? _____

Do they have medical bills for the past three months that they need help with? Yes No

If yes, what months?

Need help with your application?

Call 1-800-992-0900 (voice) or 1-800-326-6888 (TTY) or visit us online at dss.nv.gov

Additional Member Information continued:Are they legally blind or permanently disabled? Yes NoAre they receiving Supplemental Security Income (SSI)? Yes No

Do they need help with activities of daily living through personal assistance services or a medical facility?

 Yes No**Current Job and Income Information** **Not employed** - Skip to 'Other Income' section**CURRENT JOB:**In the past 3 months, did they: Change jobs Stop working Work fewer hours None of these

Employer Name: (if self-employed, write 'SELF')

Average hours worked each week

Employer Address:

Employer Phone Number:

City:

State:

Zip Code:

Gross wages/tips per pay period:

\$

How often are they paid?

 Semi-Monthly Weekly Every 2 weeks Monthly Annually**If self-employed, please answer the following questions:**

Type of work: _____

How much net income (profits once expenses are paid) will they receive this month? \$ _____

OTHER INCOME: Check all that apply and give amount and how often they receive it.

Note: They don't need to tell us about child support or veteran's disability payments. Certain money received may or may not be counted for Medicaid and Nevada Check-Up. Let us know if any money received is considered tribal income.

<input type="checkbox"/> None		Tribal Income?
<input type="checkbox"/> Unemployment	\$ _____	How often? _____
<input type="checkbox"/> Retirement	\$ _____	How often? _____
<input type="checkbox"/> Pensions	\$ _____	How often? _____
<input type="checkbox"/> Social Security (RSDI) Benefits	\$ _____	How often? _____
<input type="checkbox"/> Interest/Dividends	\$ _____	How often? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Annuities	\$ _____	How often? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rental or Royalty Income	\$ _____	How often? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Capital Gains	\$ _____	How often? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Farming or Fishing Income	\$ _____	How often? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Alimony	\$ _____	How often? _____
<input type="checkbox"/> Scholarships & Grants	\$ _____	How often? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash Advances	\$ _____	How often? _____
<input type="checkbox"/> Gambling Winnings	\$ _____	How often? _____
<input type="checkbox"/> Other	\$ _____	How often? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Member Information continued:

DEDUCTIONS (Only list deductions reported on the IRS form 1040): Check all that apply and give amount and how often.

If you pay for certain things that can be deducted on a federal income tax return, telling us about them could reduce your countable income. **Note:** You shouldn't include a cost that you already considered in your answer to net self-employment.

<input type="checkbox"/> Educator expenses	\$ _____	How often? _____
<input type="checkbox"/> Health savings account	\$ _____	How often? _____
<input type="checkbox"/> Moving expenses	\$ _____	How often? _____
<input type="checkbox"/> Alimony	\$ _____	How often? _____
<input type="checkbox"/> IRA deductions	\$ _____	How often? _____
Business expenses of reservists, performing artists, and fee-basis		
<input type="checkbox"/> government officials	\$ _____	How often? _____
Penalty paid on early withdrawal of		
<input type="checkbox"/> savings	\$ _____	How often? _____
<input type="checkbox"/> Student loan interest	\$ _____	How often? _____
<input type="checkbox"/> Tuition and fees	\$ _____	How often? _____
<input type="checkbox"/> Domestic production activities	\$ _____	How often? _____

YEARLY INCOME:

If the income you listed on this page is not steady from month to month, please tell us what you expect the yearly income to be. **For example**, some people expect their income to change because they only work some months of the year. If you do not expect a change to your monthly income, skip this question.

Total annual income expected this year: \$ _____ Total annual income expected next year: \$ _____

RACE / ETHNICITY

Are they Hispanic, Latino or of Spanish origin? (optional) Yes No

Race (optional) - check all that apply

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Other Asian	Other: _____