

County Application For Medical Assistance

Please complete the following form in its entirety before you send it back. If you have any questions regarding this form, please call 345-9500.

Applicant's Full Name: _____

AKA (Also Known As): _____

Maiden Name: _____

Social Security Number: _____ Date Of Birth: _____

Address: _____

Phone Number--Home: _____ Work: _____

Are there any other Social Security numbers that you have used in the past? YES NO
If yes, please list those numbers: _____

PLEASE FILL OUT SPOUSE INFORMATION IF NOT LEGALLY DIVORCED:

Spouse's Full Name: _____

AKA (also known as): _____

Maiden Name: _____

Social Security Number: _____ Date Of Birth: _____

Address: _____

Phone Number--Home: _____ Work _____

Are there any other Social Security numbers that you have used in the past? YES NO
If yes, please list those numbers: _____

SIGNIFICANT OTHER NOT LEGALLY MARRIED TO:

Full name: _____

AKA (Also known as): _____

Social Security Number: _____ Date of Birth _____

PLEASE LIST ALL IN THE HOUSEHOLD YOU ARE RESPONSIBLE FOR:

Name: _____

Social Security Number: _____ Date of Birth _____

Name: _____

Social Security Number: _____ Date of Birth _____

Name: _____

Social Security Number: _____ Date of Birth _____

Name: _____

Social Security Number: _____ Date of Birth _____

Name: _____

Social Security Number: _____ Date of Birth _____

Does anyone besides yourself claim you as a dependent on their income tax? _____

HISTORY OF RESIDENCE:

How long have you lived in Day County? _____

Previous Address: _____

Are you Visiting? _____

Do you pay rent or own the place of residence? _____

MEDICAL INFORMATION:

Is there any third party coverage? A.) Medicare B.) Medicaid C.) Veteran
D.) Health Insurance E.) Native American IHS
F.) Other? _____

Was your illness an emergency? YES NO

If yes, please explain: _____

Has the doctor released you for work duty yet? YES NO

If no, why can't you and when do you anticipate returning? _____

Have you tried making reasonable payments to the hospital? YES NO

If yes, what is your total bill? _____, and what is your monthly payment?

Have you tried applying for Medicare, Medicaid, or SSI? YES NO

If yes, which one have you applied for and the date you applied _____

Are you in an appeal process with SSI? YES NO

If yes, how many appeals have you made? _____ Have you gone before the judge with your appeal? _____

LEGAL CLAIM INFORMATION:

Are you/spouse currently involved in a lawsuit? YES NO

If yes, briefly explain: _____

Attorney's Name, address, and phone number handling the lawsuit: _____

Have you / spouse ever been involved in a lawsuit? YES NO

If yes, briefly explain: _____

Attorney's name: _____ Phone: _____

Settlement Date, amount and terms: _____

Do you have a pending workman's comp. claim? YES NO

If yes, who is the claim with and the date of the incident?

Attorney's name: _____ Phone: _____

Have you ever filed a workman's comp. claim? YES NO

If yes, who is the claim with and what were the amounts and terms of the settlement?

EMPLOYMENT INFORMATION:

Applicant's Employer: _____

Address: _____ Phone: _____

Hourly pay Rate: _____ Hours Per Week: _____

When did you start working there? _____

Previous Employer: _____

Address: _____ Phone: _____

Hourly Pay Rate: _____ Hours Per Week: _____

Start and end date: _____

If not employed, other sources of income and amounts: _____

SPOUSE / SIGNIFICANT OTHER EMPLOYMENT:

Employer: _____

Address: _____ Phone: _____

Hourly Rate: _____ Hours Per Week: _____

When did you start working there? _____

Previous Employer: _____

Address: _____ Phone: _____

Hourly Rate: _____ Hours Per Week: _____

Start and End Date: _____

If not employed, other sources of income and amounts: _____

Are you a post secondary student? YES NO

If yes, what school do you attend and the name of the town it is located in? _____

How much money are you receiving yearly from student loans? _____

When do you anticipate paying these loans back? _____

MONTHLY HOUSEHOLD EXPENSES:

What is your monthly utility expense? _____

Monthly childcare expense related to work _____

Monthly grocery expense _____

Monthly expense for household supplies and toiletries _____

Monthly expense for auto upkeep _____

Monthly gas expense for car _____

Monthly insurance payments, excluding homeowners (specify) _____

Monthly expense for basic medicines _____

Monthly medical bill expenses _____

Monthly child support and / or alimony paid _____

Monthly clothing expense _____

Monthly automobile payments _____

Monthly payments on any other items (specify) _____

Monthly rent or house payment _____

If rent, who is your landlord and phone number? _____

If house, do you have a mortgage against it and how much is that payment? _____

FINANCIAL ASSETS AND RESOURCE INFORMATION:

Have you / spouse been the beneficiary of an inheritance? YES NO

If yes, amount and date you receive this: _____

Do you / spouse anticipate receiving an inheritance? YES NO

If yes, estimated amount: _____

Do you /spouse anticipate receiving an IRS tax refund? YES NO

If yes, amount and date set to receive: _____

Do you /spouse have anticipated income from outstanding loans you have given?

YES NO

DO YOU/ SPOUSE HAVE ANY OF THE FOLLOWING INCLUDING THE AMOUNTS AND THE ACCOUNT NUMBERS:

TYPE	AMOUNT	ACCOUNT NUMBER
One-time capitol gains:	_____	_____
Mutual Funds:	_____	_____
IRA's:	_____	_____
Retirement Plan:	_____	_____
Annuities:	_____	_____
Investments:	_____	_____
Stocks:	_____	_____
CD's:	_____	_____
Money Markets:	_____	_____
Disability Income:	_____	_____
Savings Account:	_____	_____
Checking accounts:	_____	_____
Cash on Hand	_____	_____
Bonds:	_____	_____
Any Other Investments or money holding institutions?	_____	_____

Are you / spouse jointly on an account with another individual? YES NO

If yes, name and account number and description: _____

EQUITY VALUE OF HOUSEHOLD AND PROPERTY:

TYPE	EQUITY	PAYOFF
House/ Real Estate	_____	_____
Vehicles:	_____	_____
Recreational Vehicles:	_____	_____
Other:	_____	_____

BUSINESS PROPERTY:

Do you / spouse currently or have ever owned a business? YES NO

If yes, name, location, date: _____

Equity value of equipment, property, and inventory: _____

Are you / spouse currently a partner / silent partner in a business? YES NO

If yes, name, location: _____

Have you / spouse in the last 3 years sold or transferred ANY property for any reason?

YES NO If yes, Briefly explain:

Are you / spouse involved in a contract for deed or lease situation either as a seller or buyer? _____

INSURANCE INFORMATION:

Do you have a life insurance policy? _____ Whole / Term:
_____ Amount: _____ Beneficiaries: _____

Is Insurance offered through where you / spouse work? YES NO

If yes, please state monthly premium amount and company name: _____

Have you / spouse ever been eligible for Cobra insurance? YES NO

If yes, what is / was the premium amount? _____

Did you ever refuse a Cobra plan? YES NO If yes, when? _____

Have you / spouse applied or been turned down for health insurance in the past 12 months? _____

CITIZEN INFORMATION:

Are you a citizen of the United States? YES NO

If not, what is your citizen status? _____

Are you a registered voter? YES NO

If yes, where are you registered and in what County? _____

Where are your children enrolled in school? _____

I, the undersigned applicant or representative, understand that the making of any false statement as to financial status or other required information in the above application with knowledge of such falsity, may be a crime in violation of SDCL 28-13-16.2.

I understand that, in accordance with SDCL 28-14-7, a lien will be filed against me and any personal property or real estate that I now own, or have legal interest in, or may own in the future, for any assistance given me by Day County. I further understand that I am required by law to make repayments to Day County for assistance given. Should there be no action made on repaying this lien, it will be subject to collection.

Applicant: _____ **Date:** _____

Spouse: _____ **Date:** _____