

COUNTY APPLICATION FOR MEDICAL ASSISTANCE

PLEASE COMPLETE THE FOLLOWING FORM IN ITS ENTIRETY BEFORE YOUR SCHEDULED APPOINTMENT. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM PLEASE CALL 353-8418.

APPLICANTS FULL NAME: _____

AKA (ALSO KNOWN AS): _____

MAIDEN NAME: _____

SOC. SECURITY #: _____ DATE OF BIRTH _____

ADDRESS: _____

HOW LONG AT THIS ADDRESS: _____ PREVIOUS ADDRESS: _____

PHONE NUMBER HOME: _____ WORK _____

ARE THERE ANY OTHER SOC. SECURITY #'S THAT YOU HAVE USED IN THE PAST?

YES NO IF YES #: _____

PLEASE FILL OUT SPOUSE INFORMATION IF NOT LEGALLY DIVORCED:

SPOUSE FULL NAME: _____

AKA (ALSO KNOWN AS): _____

MAIDEN NAME: _____

SOC. SECURITY #: _____ DATE OF BIRTH _____

ADDRESS: _____

PHONE NUMBER HOME: _____ WORK _____

ARE THERE ANY OTHER SOC. SECURITY #'S THAT YOU HAVE USED IN THE PAST?

YES NO IF YES #: _____

SIGNIFICANT OTHER NOT LEGALLY MARRIED TO:

FULL NAME: _____

AKA (ALSO KNOWN AS): _____

SOCIAL SECURITY #: _____ DATE OF BIRTH _____

PLEASE LIST ALL IN THE HOUSEHOLD YOU ARE RESPONSIBLE FOR:

NAME: _____

SOC. SEC.#: _____ DATE OF BIRTH: _____

NAME: _____

SOC. SEC.#: _____ DATE OF BIRTH: _____

NAME: _____

SOC. SEC.#: _____ DATE OF BIRTH: _____

NAME: _____

SOC. SEC.#: _____ 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 BEADLE COUNTY? _____

PREVIOUS ADDRESS: _____

MEDICAL INFORMATION:

WAS THIS ILLNESS AN EMERGENCY? YES NO DOCTOR'S NAME _____

IF YES, PLEASE EXPLAIN: _____

HAS YOUR DOCTOR RELEASED YOU FOR WORK DUTY YET? YES NO

IF NO, WHEN IS YOUR ANTICIPATED DATE OF RETURN: _____

ARE YOU ELIGIBLE FOR EITHER INDIAN HEALTH SERVICES OR MEDICAL SERVICES THROUGH THE VETERAN'S HOSPITALS? YES NO

HAVE YOU TRIED/HAVE YOU BEEN MAKING REASONABLE PAYMENTS TO THE HOSPITAL? YES NO

IF YES, WHAT IS YOUR TOTAL HOSPITAL BILL? _____

AND WHAT WAS YOUR MONTHLY PAYMENT? _____

LEGAL CLAIM INFORMATION:

ARE YOU/SPOUSE CURRENTLY INVOLVED IN A LAW SUIT? YES NO

IF YES, BRIEFLY EXPLAIN: _____

ATTORNEY'S NAME ADDRESS AND PHONE NUMBER HANDLING THE LAW SUIT: _____

HAVE YOU/SPOUSE EVER BEEN INVOLVED IN A LAW SUIT? YES NO

IF YES BRIEFLY EXPLAIN: _____

ATTORNEY'S NAME: _____ PHONE: _____

SETTLEMENT DATE, AMOUNT AND TERMS: _____

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:

APPLICANTS EMPLOYER: _____

ADDRESS: _____ PHONE: _____

HOURLY PAY RATE: _____ HOURS PER WEEK: _____

WHEN DID YOU START WORKING HERE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____ PHONE: _____

HOURLY PAY RATE: _____ HOURS PER WEEK: _____

START AND END DATE: _____

OTHER SOURCES OF INCOME AND AMOUNTS: _____

Registered @ SD Dept. of Labor? YES NO

SPOUSE/SIGNIFICANT OTHER:

EMPLOYER: _____

ADDRESS: _____ PHONE: _____

HOURLY RATE: _____ HOURS PER WEEK: _____

WHEN DID YOU START WORKING HERE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____ PHONE: _____

HOURLY RATE: _____ HOURS PER WEEK: _____

START AND END DATE: _____

OTHER SOURCES OF INCOME AND AMOUNTS: _____

Registered @ SD Dept. of Labor? YES NO

FINANCIAL ASSETS AND RESOURCE INFORMATION:

HAVE YOU/SPOUSE BEEN THE BENEFICIARY OF AN INHERITANCE? YES NO

IF YES, AMOUNT AND DATE: _____

DO YOU/SPOUSE HAVE ANTICIPATED INCOME FROM OUTSTANDING LOANS YOU HAVE GIVEN? YES NO

IF YES, STATE THE AMOUNT AND REPAYMENT SCHEDULE: _____

HAVE YOU/SPOUSE RECEIVED OR ANTICIPATE TO RECEIVE AN IRS TAX REFUND? YES NO

IF YES, AMOUNT: _____

HAVE YOU APPLIED FOR SOCIAL SECURITY DISABILITY BENEFITS? YES NO

IF YES, DATE FIRST APPLIED: _____

HAVE YOU EVER RECEIVED A LUMP SUM FROM SOCIAL SECURITY FOR RETROACTIVE PAY? YES NO

IF YES, HOW MUCH RECEIVED AND DATE RECEIVED: _____

ARE YOU IN AN APPEAL PROCESS WITH SOCIAL SECURITY FOR DISABILITY BENEFITS? YES NO

IF YES, HOW MANY APPEALS HAVE YOU MADE? _____

HAVE YOU GONE BEFORE THE JUDGE WITH YOUR APPEAL? _____

ARE YOU CURRENTLY RECEIVING ANY LOANS, GRANTS, OR STIPENDS FOR LIVING EXPENSES (NOT TUITION OR BOOKS) WHILE ATTENDING A POST SECONDARY SCHOOL? YES NO

IF YES, HOW MUCH DO YOU RECEIVE AND THE TIME FRAME IT COVERS? _____

DO YOU/SPOUSE HAVE ANY OF THE FOLLOWING? PLEASE INCLUDE THE AMOUNTS, ACCOUNT NUMBERS, NAME OF BANK, CREDIT UNION, ETC.

TYPE:	AMOUNT	ACCOUNT NUMBER	BANK, CREDIT UNION, ETC.
ONE TIME CAPITAL GAINS:	_____	_____	_____
MUTUAL FUNDS:	_____	_____	_____
IRA'S:	_____	_____	_____
RETIREMENT PLAN:	_____	_____	_____
ANNUITIES:	_____	_____	_____
INVESTMENTS:	_____	_____	_____
STOCKS:	_____	_____	_____
CD'S:	_____	_____	_____
MONEY MARKETS:	_____	_____	_____
DISABILITY INCOME:	_____	_____	_____
SAVINGS:	_____	_____	_____
CHECKING ACCOUNTS:	_____	_____	_____
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 YOU 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 RECENTLY SOLD OR TRANSFERRED ANY PROPERTY 36 MONTHS PRIOR TO ONSET OF ILLNESS? 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: _____

HAVE YOU/SPOUSE APPLIED OR BEEN TURNED DOWN FOR HEALTH INSURANCE (**INCLUDING THROUGH THE AFFORDABLE CARE ACT**) IN THE PAST 12 MONTHS? YES NO

IF YES, WHY? (VERIFICATION REQUIRED) _____

HAVE YOU/SPOUSE EVER BEEN ELIGIBLE FOR COBRA INSURANCE? YES NO

IF YES, WHAT IS/WAS THE PREMIUM AMOUNT _____

DID YOU EVER REFUSE COBRA PLAN? YES NO

IF YES, WHEN? _____

IS HEALTH INSURANCE OFFERED THROUGH YOUR /SPOUSES EMPLOYMENT? YES NO

IF YES, MONTHLY PREMIUM AMOUNT _____

WERE YOU A COLLEGE STUDENT DURING TIME OF ILLNESS/EMERGENCY? YES NO

IF YES, DID YOU PURCHASE THE INSURANCE PLAN OFFERED THROUGH THE SCHOOL? YES NO

CITIZEN INFORMATION:

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

IF NOT, WHAT IS YOUR CITIZEN STATUS? _____

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 ANY LEGAL INTEREST IN, OR MAY OWN IN THE FUTURE, FOR ANY ASSISTANCE GIVEN ME BY BEADLE COUNTY. I FURTHER UNDERSTAND THAT I AM REQUIRED BY LAW TO MAKE REPAYMENTS TO BEADLE COUNTY FOR ASSISTANCE GIVEN. SHOULD THERE BE NO ACTION MADE ON REPAYING THIS LIEN, IT WILL BE SUBJECT TO COLLECTION.

APPLICANT: _____ DATE _____

SPOUSE: _____ DATE _____

VERIFICATION LIST

Along with your completed application for county lien assistance you must provide currant verification of the following information that applies to you:

Copy:

Photo ID
Social Security Card

INCOME:

Last 90 days of wages
Award Letters (Social Security, SSDI, SSI, ect.)
Retirement/Workmen's Compensation
Child Support
Tax Return (most recent)
Any other Income

EXPENSES:

Lease Agreement
Rent or Mortgage Receipt
Property Taxes
Utilities (Water, Electric, Gas)
Cell Phone or Landline
Insurance (Renters, Homeowners, Life, Auto, Medical)
Medical Bills
Court Ordered Child Support or Alimony
Vehicle Payment
Daycare Expense
Student Loans
Rent to Own
Cable
Internet
Credit Card Statement
Payday Loan
Print out of Pharmacy Expenses (Last 60 days)
SNAP Award Letter/ Grocery
Auto Expenses Estimate

County Monthly Expense Worksheet - _____

Type of Expense

Monthly Amount

*Require documentation: receipts; lease agreement; loan contract; copy of bill; etc.

*Rent/Mortgage

*Property taxes

*Utilities (Gas/Electric/Water

Income

*Telephone (cell/land line)
(Max \$50.00

*Insurance: Medical/auto/life/
Renters/homeowners

*Medical Bills

*Court ordered child support

*Court ordered alimony

*Automobile payment

*Daycare expense

*Student loans

*Installment loans

*Rent to own

*Cable/Internet (Max \$50.00)

*Credit cards/Payday Loans

*Medication (printout of last 60
days expense)

Groceries

Auto Expense (avg. monthly
estimate) Re: gas, repairs, license, etc.

Clothing (avg. monthly estimate)

Miscellaneous Expense (5%)

(Monthly estimate) Re: entertainment, personal products, pet expense, etc.

Total

AUTHORIZATION TO FURNISH INFORMATION
AND RELEASE INFORMATION

To whom it may concern:

I hereby authorize any person, agency, or institution including the Social Security Administration to supply information requested by the Beadle County Human Services Office, concerning me or my family, and to allow inspection and reproduction of records in his or their possession pertaining to me or my family by any duly authorized representative of Beadle County Human Services.

I further authorize the Department of Social Services and the South Dakota Career Center(s) to release such information to providers or cooperating County, State, or Federal agencies.

I herewith release any person, agency or institution from any and all liability to me or my family for supplying such information.

This authorization is given only in connection with its use by the Beadle County Human Services Office in its administration of its programs and for no other purpose. It shall continue in effect until such time as I state, in writing, to the Beadle County Human Services Office that it is no longer valid.

Signature

Date

Information requested: _____

Person Furnishing Information: _____

Date: _____