

# **SCREENING FOR THE BIG 4**

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# **BIG 4 CRITERIA**

# To be processed at DCF, all persons requesting coverage must meet one of the following criteria:

Requesting Long Term Care (Nursing Home, HCBS, PACE, CI (Child in an Institution))

Requesting Medicare Savings Programs (MSP) only

Age 65 or older and NOT pregnant or the caretaker of a minor child

A Medicare beneficiary and NOT pregnant or the caretaker of a minor child

**NOTE:** SSI medical requests are not subject to screening for the Big 4 Criteria, and should be processed where received. Applications that request medical coverage for children and/or pregnant women must be referred to the KanCare Clearinghouse.

# 1.0 KC–1500: Medical Assistance Application for the Elderly and Persons with Disabilities

#### KC-1500 Page 3:

- Date of Birth: Is this person age 65 and over?
- Is this person applying for Medical Assistance?
  - If yes, does this person need any of these special types?

First Name Middle Name		Person 1 Yourself	Person 2	Person 3		
Middle Name						persons requesting lical assistance are
MIDDLE Name						
Last Name						65 or older, the
Maiden Name					app	lication remains at
How is this person	Person 1 is my:	Self – Person1			- DC	CF for processing.
related to other household	Person 2 is my:		Self – Person 2			proceeding.
members?	Person 3 is my:		7	Self - Herson 3		
Gender		Male Female	Male Female	Male Gemale	1	
Date of Birth (mm/d	1/10000	1 1	1 1	1 1		
		Never Married	Never Married	Never Married		
		Married	Married	Married		
		_				
Marital Status		Common-Law	Common-Law	Common-Law		
Marital Status		Divorced	Divorced	Divorced	10.1	
		Separated	Separated	Separated		I persons requesting
		U Widowed	U Widowed	U Widowed	me	dical assistance are
Does this person live	at the same		🗆 No 🗆 Yes	No Yes	1	requesting LTC
address as you?					sen	vices, the application
If no, list addre						emains at DCF for
ii no, iist doure.	ia.					
Has this person lived		□ No □ Yes		No Ves		processing.
than Kansas in the la						
If Yes, when an						
Is this person applyir assistance?	g for medical	No Yes	No Yes	No Yes		
If yes, does this p	erson need any	Working Healthy	Working Healthy	Working Healthy	-	
of these special t	ypes?				-	
(see page 1 for d	escriptions of	HCBS	HC85	HCBS		
programs)	and grave a set	Nursing Home	Nursing Home	Nursing Home		
		Child in an Institution	Child in an Institution	Child in an Institution		
		D PACE	D PACE	D PACE		
		Medicare Costs	Medicare Costs	Medicare Costs		
		None of these	None of these	None of these		
		No Yes	No Yes		-	
Does this person hav	e a guardian or			page 14		

#### KC-1500 Page 4:

• Which of the following best describes this person's current living situation?

	Person 1 Yourself	Person 2	Person 3 🗸	
irst and Last Name				
Ve need Social Security Numbers (SSNs) ssistance, but providing a SSN can speed elp with medical assistance. If someone	up the application process. We use !	SNs to check income and other info		
ocial Security #				
.5. citizen? required to answer applying for medical assistance)	□ No □ Yes	No Yes	No Yes	
tate and Country of birth				1
ace (optional) heck all that apply	Invite     Invite	White     White     White     Wards     W	White Back     Orienze     Japaneze Rigino     Japaneze Rigino     Steres     Steres     Orienzalisa Veterameze     Orienzalisa     Orienzalisa     Samansian cr     Jamese     Samarsian cr     Jamesen     Samarsian cr     Jamese     Samarsian cr     Jamese     Samarsian cr     Jamese     Jamese     Samarsian cr     Jamese     Jamese	
thnicity (optional) Hispanic/Latino ethnicity, heck all that apply	Mexican     Mexican American     Mexican American     Occann     Occann     Occann     Occann	Mexicen     Mexicen American     Oriceno/s     Other	Mexican     Mexican Puerto Rican     Mexican American     Chicana/s     Other	There may be times a
as this person delivered a baby in he last 3 months?	No I Yes	🗆 No 🗆 Yes	🗆 No 🗆 Yes	application does not meet the "Big 4"
id this person have emergency care in the last 3 months to save life, rgans, or bodily function?	No Ses	🗆 No 🗆 Yes	No 🗆 Yes	Criteria, however, the
oes this person need help paying nedical bills from the last 3 months ncluding Medicare premiums)? (yes, please see additional question: n page 5.	🗆 No 🗆 Yes	🗆 No 🗆 Yes	No 🗆 Yes	current living situation selected may indicate possible LTC case.
	Own home Renting Uve with someone else	Own home Renting Uve with someone else	Own home Renting Dre with someone else	Further research may be warranted to determine if this
Which of the following best describes his person's current living situation?	Assisted Living Hospital Nursing Facility or other institution Other	Assisted Living Hospital Nursing Facility or other institution Other	Assisted Living Hospital Nursing Facility or other institution Other	application should remain at DCF.

#### KC-1500 Page 12:

• Does this person have Medicare?

Health Insurance Policy Informat		and here and		
Answer the questions below for everyor				-
First and Last Name	Person 1 Yourself	Person 2	Person 3	-
Does this person have Medicare?				1
If yes, answer the questions below	🗆 No 🗆 Yes	🗆 No 🗆 Yes	🗆 No 🗆 Yes	
Medicare Claim #				]
Medicare Part A?	No 🗆 Yes	No Yes	No Tres	
Part A Effective Date	1 1	11		
Part A Premium Amount	5	5	5	If all persons requesting
Medicare Part B?	No Yes	No Yes	No Ves	medical assistance are
Part B Effective Date	1 1	1 1		
Part B Premium Amount	\$	\$	5	Medicare recipients, the
Medicare Part C?	No Yes	No Yes	No Dres	application remains at
(Medicare Advantage) Part C Effective Date	1 1	1 1	1 1	DCF for processing
Part C Premium Amount	5	5	5	- Doi loi processing
Part C Plan Name	>	,	>	-
Medicare Part D?	No Yes	No Ves	No Ves	
Part D Effective Date				4
Part D Premium Amount	5	5	5	
Part D Plan Name	,		,	
Answer the questions below for everyor	ne who has insurance OTHER th	an Medicare		
Does this person have other health		1		1
insurance?	No Ves	No Ves	No Yes	
Policyholder's name				1
Policyholder's SSN				]
Insurance Company Name				]
Insurance Company Address				]
Date Began	1 1	1 1	1 1	]
Date Ended	1 1	1 1	1 1	
Policy #				]
Group #				
Type of Coverage	Catastrophic Only	Catastrophic Only	Catastrophic Only	1
	Dental	Dental	Dental	
			-	
			Doctor	
	Hospital	Hospital	Hospital	
	Long Term Care	Long Term Care	Long Term Care	
	Medicare Supplement	Medicare Supplement	Medicare Supplement	
	_		-	
	-		_	
	Vision	Vision	Vision	
	U Vision	L Yown		

### 2.0 KC-1100: Medical Assistance for Families with Children

#### KC-1100 Page 3:

• Date of Birth: Is this person age 65 and over?

start with yourself!	Person 1 Yourself	Person 2		J
First Name	Person 1 tourseit 🗸	Person 2	Contrast Contrast	
Middle Name				<b>2</b> 00
Last Name				
Maiden Name				
What is this person's relationship to you?	Self			
Gender	Male Female	Male Female	Divisie D Female	If all persons request
Date of Birth (mm/dd/yyyy)	1 1	/ /	1 1	medical assistance
	Never Married	Never Married	Never Married	65 or older, the
	Married	Married	Married	application remains
Marital Status	Common-Law	Common-Law	Common-Law	DCF for processing
Internet Scatos	Divorced	Divorced	Divorced	DCF for processing
	Separated	Separated	Separated	
	Widowed	U Widowed	U Widowed	
Does this person live at the same address as you?		No Yes	O No 🗆 Yes	
If no, list address.				1
Has this person lived in a state other than Kansas in the last 3 months?	No Yes	🗆 No 🗆 Yes 👡	No Dires	
If yes, when and where?				
is this person applying for medical	No Yes	No Yes	No Yes	
Pregnant?	No Yes	No Yes	No Yes	
What is the expected due date?	1 /	/ /		
How many babies are expected?				
Does this person have a guardian or conservator?	No Yes	No Yes	No Yes	
If yes, what is their name?				
We need Social Security Numbers (SSNs) for assistance, but providing a SSN can speed up help with medical assistance. If someone do	the application process. We use \$5	Ns to check income and other infor		
Social Security #				
U.S. citizen? (required to answer	No Yes	No Yes	No Yes	
if applying for medical assistance)				
State and Country of birth				

Is this person applying for Medical Assistance?

•

#### KC-1100 Page 4:

• Does this person need help with nursing home costs or in-home care?

	Person 1 Yourself	Person 2	Person 3	
First and Last Name				
Race (optional) Check all that apply	White     White     White     White     Warren     Highen     Highen     Highen     Horean     Notive Hawailan     Victnameze     Other Allen     Jameon     Oster Allen     Jameon     Oster Techt     American Indian     Other Techt     Other	White     White     Conness     Project     Appende     Native Hawaiian     Victnamese     Order Arian     Outer Arian	White     Back     Diverse     Trippo     Approxe     Dope     Approxe     Approxe     Dope     Dope     Approxe     Dope     Dope	
Ethnicity (optional) If Hispanic/Latino ethnicity, check all that apply	Mexican     Mexican     Mexican     Mexican     American     Oner     Onicano/s	Mexican     Mexican D Fuerto Rican     Mexican American     Cuben     Oricana/8     Other	Mexican     Puerto Rican     Mexican     Cuban     American     Oricano/s	
Does this person have income?	No Yes	No 🗆 Yes	□ No □ Yes	
In the past year did this person (Check all that apply)	Change jobs Stop working Start working less hours None of these	Change jobs Stop working Start working less hours None of these	Change jobs Stop working Start working les None of these	persons requesting
Has this person delivered a baby in the last 3 months?	No Yes	No Yes		edical assistance
Did this person have emergency care in the last 3 months to save life, organs, or bodily function?	🗆 No 🗆 Yes	🗆 No 🗆 Yes		ark yes to needing o with nursing home
Does this person need help paying medical bills from the last 3 months? If yes, please see additional questions on page 8.	🗆 No 🗆 Yes	□ No □ Yes	Cos No D Ye the	sts or in-home care, application will be
Does this person have a disability that will last at least 12 months or result in death?	🗆 No 🗆 Yes	D NO D YES		CF's responsibility.
Does this person need help with nursing home costs or in-home care?	🗆 No 🗆 Yes	🗆 No 🗆 Yes	No Yes	
Does this person live with at least one child under the age of 19 and are they the main person taking care of this child?	🗆 No 🗆 Yes	🗆 No 🗆 Yes	🗆 No 🗆 Yes	
	First:	First:	Finit:	
This person's Mother's Full Name	Mode:	Midde:	Mode:	
(include Maiden)	Matten	Matten	Mallen	
	First:	First:	First:	
This person's Father's Full Name	Midde:	Middle:	Mdda:	
	Leit	Let	Last	

## 3.0 KC-1105: E and D Supplement to KC1100

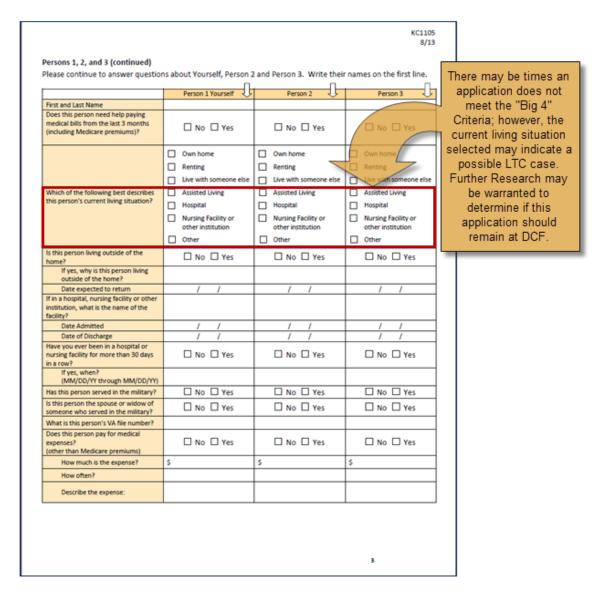
#### KC-1105 Page 2:

- Is this person applying for medical assistance?
- If yes, does this person need any of these special types?

A. Tell us why y To help us be		ying our needs, tell us why	you are a	pplying:			
B. Tell us abou The primary Your Name: (First, N	applicant is	ry Applicant: the person needing n		sistance. her names used:			
Home Address:			Ma	iling Address (If different)			
City:		State:	City		State:	1	
County:	you don't hav	Zip: t a home address. You still		unty: ve a mailing address.	Zip:	-	
Home Phone: (	)	-		ork Phone: ( )	-	1	
List yourself and a	Il persons in ng for them.		those tem	porarily out of the home any your home, please attach at Person 2		m	all persons requesting edical assistance are requesting LTC
First Name						se	rvices, the application
Middle Name							remains at DCF for
Last Name							
How is this person related to other	Person 1 is		1				processing.
household	Person 2 is			Self - Person 2			
members? Is this person apply	Person 3 is ing for medica		Yes	🗆 No 🗆 Yes	No Yes		
assistance?		Working Health	w l	Working Healthy	Working Healthy	1	
assistance? If yes, does this		Working nearb					
		HCBS		HCBS	HCBS		
If yes, does this of these special (see page 1 for	types?	HCBS		HCBS Nursing Home	HCBS Nursing Home		
If yes, does this of these special	types?	HCBS	tution	Nursing Home	Nursing Home		
If yes, does this of these special (see page 1 for	types?	нсвя	tution		Nursing Home Child in an Institution		
If yes, does this of these special (see page 1 for	types?	HCBS Nursing Home Child in an Insti		Nursing Home Child in an Institution	Nursing Home		

#### KC-1105 Page 3:

- Which of the following best describes this person's current living situation?
- Assisted Living, Hospital, Nursing Facility, Other Institution, Other Living Situation.



#### KC-1105 Page 5:

• Does this person have Medicare?

E. Medicare Informat Answer the guestions below for the second		as Medicare.						
		erson 1 Yourself	P	erson 2	Pers	on 3		
Name								
Does this person have Medica		] No 🗌 Yes		lo 🗆 Yes		🗆 Yes		
If yes, answer the questions b Medicare Claim #	below							
Medicare Part A?	r	No 🗆 Yes		lo 🗆 Yes				
Part A Effective Date		/ /				T		
Part A Premium Amo		, ,	s	,	s	1		all persons requesting
Medicare Part B?		] No □ Yes	-	lo 🗆 Yes		Ves 1	_' n	nedical assistance are
Part B Effective Date		1 1					M	edicare recipients, the
Part 8 Premium Amo		, ,	5	,	s		1 8	application remains at
Medicare Part C?		No 🗆 Yes		lo 🗆 Yes		Ves		DCF for processing
(Medicare Advantage) Part C Effective Date		/ /		/	/	/		
Part C Premium Amo		, ,	s	/	s	'	1	
Part C Plan Name					Ť			
Medicare Part D?	1	] No □ Yes		lo 🗆 Yes		□ Yes		
Part D Effective Date		1 1			1	1		
Part D Premium Amo	ount S							
			s		s			
Part D Plan Name			5		S			
F. Tell us about your V If you are disabled and w	Vork Expenses vorking, list any on to and from v	ork, attendan	ted to your disat		ow you to work.			
F. Tell us about your V If you are disabled and w specialized transportation	Vork Expenses vorking, list any on to and from v ecialized equipr	vork, attendan nent or tools.	ted to your disat	r to help you g	ow you to work. get ready for wo	rk, service		
F. Tell us about your V If you are disabled and w specialized transportatio animals, medications, sp Does this person have	Vork Expenses vorking, list any on to and from v	vork, attendan nent or tools. Yourself	ted to your disat	r to help you g	ow you to work.	rk, service n 3		
F. Tell us about your V If you are disabled and w specialized transportatio animals, medications, sp Does this person have income from working? If yes, list any expenses	Vork Expenses vorking, list any on to and from w vecialized equipr Person 11	York, attendan nent or tools.	ted to your disat it care at work o Persor	2 Yes Monthly	ow you to work. get ready for wo Perso	n 3		
F. Tell us about your V If you are disabled and w specialized transportatio animals, medications, sp Does this person have income from working?	Vork Expenses vorking, list any n to and from v ecialized equipr Person 1 No	vork, attendan nent or tools. /ourself	ted to your disat tit care at work o Person	r to help you g	ow you to work. get ready for wo Perso	rk, service n 3		
F. Tell us about your V If you are disabled and w specialized transportatio animals, medications, sp Does this person have income from working? If yes, list any expenses related to your disability	Vork Expenses vorking, list any n to and from v ecialized equipr Person 1 No	Vork, attendan nent or tools. /ourself Ves Monthly Amount	ted to your disat tit care at work o Person	2 Yes Monthly Amount	ow you to work. get ready for wo Perso	n 3 Ves Monthly Amount		
F. Tell us about your V If you are disabled and w specialized transportatio animals, medications, sp Does this person have income from working? If yes, list any expenses related to your disability	Vork Expenses vorking, list any n to and from v ecialized equipr Person 1 No	Vork, attendan nent or tools. /ourself Yes Monthly Amount S	ted to your disat tit care at work o Person	Yes Monthly S	ow you to work. get ready for wo Perso	n 3 Yes Monthly Amount S		

# 4.0 ES-3100.1: Application for Benefits for the Elderly and Persons with Disabilities

#### ES-3100.1 Page 1:

• For which programs are you applying?

A. Help Us Decide if You Can Get Food/Medical Assistance Faster	0 🔯
If you have little or no money, we may be able to get you food assistance within 7 days. If you are pregnant, we may be able to get you a medical card within 10 days. Complete this section to help us decide if you can get benefits faster.	Agency Use Only Expedited FS?
Is anyone in your household pregnant?     No Yes If yes, list name and due date:	Expedited Medical?
<ol> <li>Will your household's gross income for the month be less than \$150?         <ul> <li>No</li> <li>Yes</li> </ul> </li> <li>Does your household have less than \$100 in cash, checking, and savings?             <ul> <li>No</li> <li>Yes</li> <li>Is anyone in your household a migrant or seasonal farm worker?</li> <li>No</li> <li>Yes</li> <li>Enter your current rent/mortgage amount</li> <li>S</li> <li>Do you pay for heating or cooling costs?</li> <li>No</li> <li>Yes</li> <li>Do you pay for heating or cooling costs?</li> <li>No</li> <li>Yes</li> <li>If no, enter your current monthly utilities. In none enter zero</li></ul></li></ol>	Agency Use Only RentiMorigage S SUAIActual + S TOTAL = S Expected Income S CashiCheck/ Savings + S TOTAL = S Are the household's shelter expenses more than the expected income and resources?NoYes
B. Tell Us About Yourself and the People in Your Home     For which program(s) are you applying? Check all that apply.     Medical Assistance     Medical A	eral Assistance
Name: Signature:	
First Name, Middle Initial, Last Name Street Address:City:	Zip:
Mailing Address: City:	
Home Phone:Cell:E-mail: Are You: Single Married(Includes Common Law) Divorced Separated Widowe If widowed or divorced, list name(s) of your former spouse(s):	d Unmarried Couple
Page 1 of 15	

#### ES-3100.1 Page 2:

• Birth Date: Is this person age 65 years and over?

B. Tell Us About	Yoursel	f and ti	he Pe	ople in Y	our Home (c	ontinued)	0 🖗 G
You must tell us about e list anyone who usually						u even if they do	o not need assistance. Also
	sistance. ation statur	If you red that pers	on cann	od and/or m ot get bene	edical assistance for fits while the remain	or a household n ning household	
persons in your househ status. However, you m eligibility and amount of	old, you do ay be requ	not need ired to pro	to answ wide fin	er questions ancial inform	s about Social Seconation for these per	а П	sons requesting
You may choose not to I Federal reporting purpor the sex of the household	ses. Answ	ers will in	no way			medical	l assistance are or older, the
Important information food and/or medical ass in your household, you a are requesting food and that person will not be a	istance is r are not req /or medical	equested. uired to pr l assistance	If you ovide a	are not appl Social Secu	ying for food and/o	DCF f	tion remains at or processing.
Use additional informa	tion section	ons on pa	ige 14 o	a 15 if then	e are more than 3	persons in you	r household.
First Name, MI, Last Name	Relation to You	Are you applying for this person?	Sex M/F	Birth Date	Social Security Number (optional for child care)	Race/Ethnic Group (optional) Use codes <u>below</u> Race   Ethnicity	City and State of Birth/ Citizenship Status (List place of birth and check one box.)
	Self	□No □Yes	м   г				City and State of Birth
		□No □Yes	□ M □ F				City and State of Birth
							City and State of Birth
		Yes	F				Citizen Noncitizen
Race/Ethnicity Codes: Race (choose as man		/): A =	America	in Indian/Ala	askan Native B	= Black/African	
Ethnicity (choose onl	y one):			c or Latino		= Not Hispanic	
				Agency	Use Only		

#### ES-3100.1 Page 3:

- Which of the following best describes your current living situation?
- Assisted Living, Hospital, Nursing Facility, Other Institution, Other Living Situation.

Inursing facility or other institution - date admitted: other living situation Name of nursing facility, hospital or other institution:  Have you ever been in a hospital or nursing facility for more than 30 ones in a row?     No Yes If yes, when? (month/day/year through month/day/year)     Are you a Veteran?     No Yes If yes, list VA claim number:	There may be times an application does not meet the "Big 4" Criteria however the current living situation selected may indicate a possible LTC case. Further research may be warranted to determine f this application should remain at DCF.
Invising facility or other institution - date admitted:	There may be times an application does not meet the "Big 4" Criteria however the current living situation selected may indicate a possible LTC case. Further research may be warranted to determine f this application should
Name of nursing facility, hospital or other institution:         2. Have you ever been in a hospital or nursing facility for more than 30 days in a row?         No       Yes       If yes, when? (month/day/year through month/day/year)         3. Are you a Veteran?       No       Yes         No       Yes       If yes, list VA claim number:	There may be times an application does not meet the "Big 4" Criteria however the current living situation selected may indicate a possible LTC case. Further research may be warranted to determine f this application should
<ol> <li>Have you ever been in a hospital or nursing facility for more than 30 days in a row?         <ul> <li>No</li> <li>Yes</li> <li>If yes, when? (month/day/year thrown month/day/year).</li> </ul> </li> <li>Are you a Veteran?         <ul> <li>No</li> <li>Yes</li> <li>If yes, list VA claim number:</li> <li>No</li> <li>Yes</li> <li>If yes, list VA claim number:</li> <li>No</li> <li>Yes</li> <li>If yes, list VA claim number:</li> <li>No</li> <li>Yes</li> <li>If yes, list name of veteran spouse:</li> <li>Is anyone getting, or has anyone received medical, food assistance, or tribai commodifie</li> <li>No</li> <li>Yes</li> <li>If yes, complete the following:</li> <li>What benefits:</li> <li>State:</li> <li>State:</li> <li>Are any household members living outside the home?</li> <li>No</li> <li>Yes</li> <li>If yes, list name(s):</li> <li>Why are they living outside the home?</li> <li>Date expected to return:</li> <li>To on yhousehold members get benefits from the Food Distribution Program on Indian F</li> <li>If yes, where?</li> <li>Is anyone in your household fleeing from felony prosecution or jail? If yes, list name(s):</li> <li>Is anyone in your household in violation of probation or parole? If yes, list name(s):</li> <li>The following questions are required by federal law for purposes of the food assistance yes to any of the questions, make sure to list the name(s) of the persons involved.</li> </ul> </li> <li>10. Has anyone in your household been convicted of trading food assistance benefits september 22, 1996?</li> <li>No</li> <li>Yes</li> <li>Yes</li></ol>	application does not meet the "Big 4" Criteria however the current living situation selected may indicate a possible LTC case. Further research may be warranted to determine f this application should
No       Yes       If yes, when? (month/day/year through month/day/year)         3. Are you a Veteran?       No       Yes       If yes, list VA claim number:         4. Have you ever been married to a veteran?       No       Yes       If yes, list name of veteran spouse:         5. Is anyone getting, or has anyone received medical, food assistance, or tribut commodifie       No       Yes       If yes, complete the following:         What benefits:	application does not meet the "Big 4" Criteria however the current living situation selected may indicate a possible LTC case. Further research may be warranted to determine f this application should
3. Are you a Veteran?         No       Yes       If yes, list VA claim number:         Have you ever been married to a veteran?         No       Yes       If yes, list name of veteran spouse:         S. Is anyone getting, or has anyone received medical, food assistance, or tribar commodifie         No       Yes       If yes, complete the following:         What benefits:	application does not meet the "Big 4" Criteria however the current living situation selected may indicate a possible LTC case. Further research may be warranted to determine f this application should
3. Are you a veteran?         No       Yes       If yes, list VA claim number;         At ave you ever been married to a veteran?         No       Yes       If yes, list name of veteran spouse;         No       Yes       If yes, complete the following:         What benefits:	application does not meet the "Big 4" Criteria however the current living situation selected may indicate a possible LTC case. Further research may be warranted to determine f this application should
<ul> <li>4. Have you ever been married to a veteran?</li> <li>No Yes If yes, list name of veteran spouse:</li> <li>Is anyone getting, or has anyone received medical, food assistance, or tribui vermeditie</li> <li>No Yes If yes, complete the following:</li> <li>What benefits:State:</li> <li>6. Are any household members living outside the home?</li> <li>No Yes If yes, list name(s):</li> <li>Why are they living outside the home?</li> <li>Date expected to return:</li></ul>	meet the "Big 4" Criteria however the current living situation selected may indicate a possible LTC case. Further research may be warranted to determine f this application should
No       Yes       If yes, list name of veteran spouse:         State:       No       Yes       If yes, complete the following:         What benefits:	however the current living situation selected may indicate a possible LTC case. Further research may be warranted to determine f this application should
5. Is anyone getting, or has anyone received medical, food assistance, or tribai commodified in the provided members living outside the following:   What benefits:	living situation selected may indicate a possible LTC case. Further research may be warranted to determine f this application should
No       Yes       If yes, complete the following:         What benefits:	may indicate a possible LTC case. Further research may be warranted to determine f this application should
What benefits:	LTC case. Further research may be warranted to determine f this application should
What benefits:	LTC case. Further research may be warranted to determine f this application should
No       Yes       If yes, list name(s):	research may be warranted to determine f this application should
Why are they living outside the home?	warranted to determine f this application should
Why are they living outside the home?	f this application should
Date expected to return:	
7. Do any household members get benefits from the Food Distribution Program on Indian F If yes, where?	remain at DCF.
<ul> <li>8. Is anyone in your household fleeing from felony prosecution or jail? If yes, list name(s):</li> <li>9. Is anyone in your household in violation of probation or parole? If yes, list name(s):</li> <li>The following questions are required by federal law for purposes of the <u>food assistance</u> yes to any of the questions, make sure to list the name(s) of the persons involved.</li> <li>10. Has anyone in your household been convicted of trading food assistance benefits for drugt</li></ul>	
9. Is anyone in your household in violation of probation or parole? If yes, list name(s): The following questions are required by federal law for purposes of the <u>food assistance</u> yes to any of the questions, make sure to list the name(s) of the persons involved.  10. Has anyone in your household been convicted of trading food assistance benefits for drugt ONO Yes If yes, list name(s):	
The following questions are required by federal law for purposes of the <u>food assistance</u> yes to any of the questions, make sure to list the name(s) of the persons involved.  10. Has anyone in your household been convicted of trading food assistance benefits for drugs No Yes If yes, list name(s): 11. Has anyone in your household been convicted of buying or selling food assistance benefits September 22, 1996? No Yes If yes, list name(s): 12. Has anyone in your household been convicted of fraudulently getting duplicate food assistance September 22, 1996? No Yes If yes, list name(s): 12. Has anyone in your household been convicted of fraudulently getting duplicate food assistance September 22, 1996?	
<ul> <li>yes to any of the questions, make sure to list the name(s) of the persons involved.</li> <li>10. Has anyone in your household been convicted of trading food assistance benefits for drugs</li> <li>No Yes If yes, list name(s):</li></ul>	
No Yes If yes, list name(s):	
September 22, 1996? No Yes. If yes, list name(s):  12. Has anyone in your household been convicted of fraudulently getting duplicate food assistance September 22, 1996?	
September 22, 1996?	
Line in yea, iac name(a).	-
Has anyone in your household been convicted of trading food assistance benefits for guns, ammu September 22, 1996?     No Yes If yes, list name(s):	nitions, or explosives after
C. Tell Us How You Want Us To Communicate With You	🖗 🖸
We provide interpreter and translation services. Complete this section to help us meet your ne	ada Dana anunan in unun
household have a primary language other than English? INO Yes If yes, write in the names of spoken and/or written language on the next page. Also include other	eds. Does anyone in your
as braille, relay, signed English, TDD/TTY, Large Print, Voice Synthesizer Program, etc.	

#### ES-3100.1 Page 4:

• Does anyone in your household have Medicare?

Name	Spoker	Language	Written Lang	juage	Other Needs	
). Tell Us Abou	t Your Medical	Bills and Insu	rance		3	
We need to know abou Answer the following g	It your medical bills an	d any insurance cove	erage that you ha	ve to correctly det	ermine your eligibility.	
	unpaid medical bills fro	m the past three mor	nths?			
No Yes	If yes, list					
		2N - 428 SIA. 54		7.557 (5.85.54	4	_
2. Do you want help	with medical bills (inclu	iding Medicare prem	and the second se		No Yes	
	our household have Me	edicare? No	] Yes If yes, con	plete the information	tion below.	
Refer to your Med	icare Card:			2		
Person Covered	Medicare Claim #	Type en unerage check box (es)	Ellective Date			
		Part A			s requesting	
		Part B			sistance are	
	3	Part D			cipients, the	
		PartA	>	application remains at		
	(8	Part B		DCF for processing		
	8	Part D				
	-	PartA				-
	8	Part B				-
	3	Part D				
Is anyone in your	household covered by			V Hue com	lete the following:	-
	your insurance cards -		ce? No	Yes in yes, comp	nete the following.	
Person Covered	Name of Insurance Company	Type of Coverage (Hospital, Med,	List Monthly Premium	Effective Date	Policy/Claim No.	
		RX, Other)	Amount			_
	-					-
	L					
- M/h - Fals						
E. Who Eats w	ith You					
	eholds are based on pr	ersons who live toget	ther, and who buy	and cook food to	gether. Do you (or wil	l y
Food assistance house	enouge and waged on by					15
	d cook food separately	from other people in	your home?	No Yes	Live Alone	