

MEDICAID SUPPLEMENT TO THE HAWK-I APPLICATION

Please answer the following questions. The information from your application for the Healthy And Well Kids in Iowa (HAWK-I) Program and this form will be used to determine Medicaid eligibility. Parents must sign the back of the form for their children. If the parents do not live with the child, another adult in the home can sign the form.

APPLICANT NAME: LAST		FIRST		MIDDLE	
ADDRESS	CITY	STATE	ZIP	COUNTY	
MAILING ADDRESS IF DIFFERENT:			PHONE		

RETROACTIVE COVERAGE - Medicaid coverage can be granted for up to 3 months before the month of application if there are unpaid medical bills and the child would have been eligible in those months.

Do any of the children for whom you are applying have unpaid medical bills in any of the past 3 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, list name of child and the month(s) the bill is for.

Child's Name	Month(s)

ABSENT PARENT INFORMATION Answer the following questions if either one or both of the parents of the children are not living in the home with the children.

ABSENT PARENT'S NAME	Absent Parent #1	Absent Parent #2	Absent Parent #3
ABSENT PARENT'S ADDRESS			
NAMES OF THE CHILDREN OF THIS ABSENT PARENT WHO ARE IN THE HOME			
CITY AND STATE OF CHILD'S BIRTH			
ABSENT PARENT'S SOCIAL SECURITY NUMBER			
ABSENT PARENT'S BIRTH DATE			
ABSENT PARENT'S RACE			
ABSENT PARENT'S HEIGHT AND WEIGHT			

Over

	Absent Parent #1	Absent Parent #2	Absent Parent #3
ABSENT PARENT'S HAIR AND EYE COLOR			
DOES THE ABSENT PARENT RECEIVE:	Social Security Benefits? Veterans Benefits? Unemployment Compensation?	Social Security Benefits? Veterans Benefits? Unemployment Compensation?	Social Security Benefits? Veterans Benefits? Unemployment Compensation?
NAME AND ADDRESS OF ABSENT PARENT'S CURRENT EMPLOYER			
NAME AND ADDRESS OF ABSENT PARENT'S FORMER EMPLOYER			
DATE OF MARRIAGE, IF ABSENT PARENT WAS EVER MARRIED TO CHILD'S PARENT			
PLACE OF MARRIAGE			
IS THERE ANY LEGAL ACTION FOR SUPPORT PENDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND ADDRESS OF YOUR ATTORNEY:	Name and Address of Absent Parent's Attorney	Name and Address of Absent Parent's Attorney	Name and Address of Absent Parent's Attorney
DATE AND LOCATION OF SUPPORT ACTION			
DOES ABSENT PARENT CARRY HEALTH INSURANCE FOR THE CHILDREN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

I have read and I understand this form and its statements. The information I have provided is true, correct, and complete. By signing my name below, I also certify, under penalty of perjury, that I am a U.S. citizen or national or the information I have given about my immigration status is correct.

Signature of Applicant or Legal Guardian	Date
Signature of Other Parent or Stepparent in the Home	Date
Witness to Mark of Applicant if Applicant is Unable to Sign	Date
Signature of Person, if Any, Who Helped Complete Form	Date