

**Step 2. Person 2**

Complete Step 2 for your spouse or partner and children who live with you and anyone on your same federal income tax return if you file one. See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

First name, middle name, last name, and suffix		Relationship to you?
Date of birth (mm/dd/yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (SSN)

**We need your SSN if you want health coverage and have a SSN.** Providing your SSN can be helpful if you don't want health coverage too since it can speed up the application process.

Yes  No Does *Person 2* live at the same address as you? **If no**, list address: \_\_\_\_\_

**Does *Person 2* plan to file a federal income tax return THIS YEAR?**

(You can still apply for health insurance even if you don't file a federal income tax return.)

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

- Yes  No 1. Will *Person 2* file jointly with a spouse?  
**If yes**, name of spouse: \_\_\_\_\_
- Yes  No 2. Will *Person 2* claim any dependents on *Person 2's* tax return? **If yes**, list names of dependents: \_\_\_\_\_
- Yes  No 3. Will *Person 2* be claimed as a dependent on someone's tax return? **If yes**, list the name of the tax filer: \_\_\_\_\_  
How is *Person 2* related to the tax filer? \_\_\_\_\_
- Yes  No Is *Person 2* pregnant? **If yes**, how many babies are expected during this pregnancy? What is the due date? \_\_\_\_\_
- Yes  No Is *Person 2* currently incarcerated? \_\_\_\_\_
- Yes  No Is *Person 2* currently assigned to a work release program? **If yes**, what is the start date? \_\_\_\_\_

**Does *Person 2* need health coverage?**

(Even if they have insurance, there might be a program with better coverage or lower costs.)

Yes. **If yes**, answer all the questions below.  No. **If no**, skip to the income questions on page 5. Leave the rest of this page blank.

- Yes  No Does *Person 2* have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home?
- Yes  No Is *Person 2* a U.S. citizen or U.S. national?
- Yes  No If *Person 2* isn't a U.S. citizen or U.S. national, does *Person 2* have eligible immigration status? **If yes**, fill in their document type and ID number below.  
Document type: \_\_\_\_\_ Document ID number: \_\_\_\_\_
- Yes  No Has *Person 2* lived in the U.S. since before August 22, 1996?
- Yes  No Is *Person 2* or their spouse or parent an honorably discharged veteran or an active-duty member in the U.S. military?
- Yes  No Is *Person 2* a resident of Iowa?
- Yes  No Does *Person 2* need help paying for medical bills from the last three calendar months? If you answer yes and this person falls into a category that allows for retroactive approval, we will determine if this person is eligible for coverage during those months.
- Yes  No Is *Person 2* an adult who is a main person taking care of a child under the age of 19 living in the home?
- Yes  No Was *Person 2* in foster care at age 18 or older?
- Yes  No If *Person 2* is under age 19, do you want help with child support?

**Please answer the following questions if *Person 2* is 22 or younger:**

- Yes  No Did *Person 2* have insurance through a job and lose it within the past three months? **If yes**, end date: \_\_\_\_\_ Reason insurance ended: \_\_\_\_\_
- Yes  No Is *Person 2* a full-time student?

The following ethnicity and race questions are optional. Check all that apply.

**If Hispanic or Latino, ethnicity:**

- Mexican
- Mexican American
- Chicano/a
- Puerto Rican
- Cuban
- Other: \_\_\_\_\_

**Race:**

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other: \_\_\_\_\_

**Current Job and Income Information:** You must tell us about the income of the people in your household. If someone has more than one job, tell us about all jobs. If you leave a space blank, we will assume that you have no income of this kind.

- Employed.** If you're currently employed, tell us about your income. Start with **Current Job 1**.
- Not employed.** Skip to the **Other Income This Month** section.
- Self-employed.** Skip to the **Self-Employment** section.

**Current Job 1:**

Employer name and address	Employer phone number
Wages and tips (before taxes) \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Yearly	Average hours worked each month:

**Current Job 2:** If you have more jobs and need more space, attach another sheet of paper.

Employer name and address	Employer phone number
Wages and tips (before taxes) \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Yearly	Average hours worked each month:

Will the amount of money from jobs stay about the same?  Yes  No

If no, explain: \_\_\_\_\_

In the past three months, did *Person 2*:

- Change jobs
- Stop working
- Start working fewer hours
- None of these

**Self-Employment:** If self-employed, answer the following questions.

Type of work \_\_\_\_\_

How much net income (profits once business expenses are paid) will you get from this self-employment this month? \$ \_\_\_\_\_

Will the amount of monthly income from self-employment stay about the same?  Yes  No

If no, how much do you expect to average over a 12 month period? \$ \_\_\_\_\_

**Other Income This Month:** Check all that apply, and give the amount and how often you get it. **NOTE:** You don't need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI).

<input type="checkbox"/> None	How often?	<input type="checkbox"/> Alimony received	How often?
<input type="checkbox"/> Unemployment \$ _____	_____	<input type="checkbox"/> Net farming/fishing \$ _____	_____
<input type="checkbox"/> Pensions \$ _____	_____	<input type="checkbox"/> Net rental/royalty \$ _____	_____
<input type="checkbox"/> Social Security \$ _____	_____	<input type="checkbox"/> Other income \$ _____	_____
<input type="checkbox"/> Retirement accounts \$ _____	_____	Type _____	_____

Will the amount of money from other income stay about the same?  Yes  No

If no, explain: \_\_\_\_\_

**Deductions:** If *Person 2* pays for certain things that can be deducted on a federal income tax return, check all that apply and give the amount and how often *Person 2* pays. This information can be found on the Adjusted Gross Income section of *Person 2's* Federal 1040 form. **NOTE:** You shouldn't include a cost that you already considered in your answer to net self-employment.

<input type="checkbox"/> Alimony paid \$ _____	How often?	<input type="checkbox"/> Other deductions \$ _____	How often?
<input type="checkbox"/> Student loan interest \$ _____	_____	Type _____	_____