ADDENDUM TO APPLICATION FOR PRESUMPTIVE ELIGIBILITY

Do you want to apply for ongoing Medicaid?	☐ Yes	☐ No
Have you received Presumptive Eligibility (PE) for Medicaid in the last 12 months?	☐ Yes	☐ No
Note: If you are pregnant, only answer YES to this question if you had Presumptive Eligibility during your current pregnancy. Answer NO if you had Presumptive Eligibility in the last 12 months but not during your current pregnancy.		
Do you have any dependents living with you?	☐ Yes	☐ No
Do they all have other medical coverage or are they all currently applying for other medical coverage?	☐ Yes	☐ No
Were you concurrently enrolled in foster care and Medicaid in Iowa when you were age 18 or older?	☐ Yes	☐ No