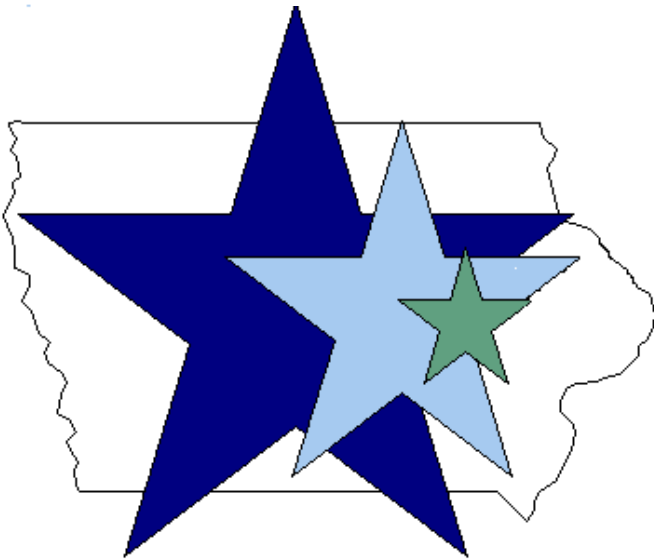
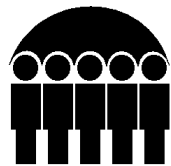


Iowa Department of Human Services

IowaCare Application



Limited health care
for people age
19 to 64 and for
pregnant women.



Iowa
Department of
Human Services

Comm. 239 (7/05)

★ What is IowaCare?

IowaCare is limited health care. This program can give some inpatient and outpatient services, doctor and advanced registered nurse practitioner services, dental services, limited prescription drug benefits, and transportation.

If it looks like you may be able to get regular Medicaid, we may need to ask for more information. If you are not eligible for IowaCare, your worker will let you know.

★ Where can I get medical care?

IowaCare offers limited benefits. If you live in Iowa, you can get medical care at the University of Iowa Hospitals and Clinics. If you live in Polk County, you can also get medical care at Broadlawns Hospital.

If you need prenatal or delivery care, you can go to any licensed hospital or health care facility. If you live in Cedar, Clinton, Iowa, Johnson, Keokuk, Louisa, Muscatine, Scott or Washington county, you will need to go to the University of Iowa Hospitals and Clinics.

★ How do I get help?

Step 1. Fill out this application.

Anyone may fill out this application. Answer as many questions as you can. If you need help filling out an application, please ask.

Step 2. Return the application to us.

You can bring or mail your application to your local DHS office.

★ Information on Immigration Status

You can apply for part of your household even if some members do not have legal immigrant status. You may need to give proof of immigration status for the people who are not U.S. citizens or nationals.

Your household's alien status may be checked through the Citizenship and Immigration Service. Any information we get from the Citizenship and Immigration Service may affect what your household may get. We will not contact the Citizenship and Immigration Service about the people you don't apply for. However, we may use their income and resources to see if the rest of the household can get help.

★ How much will it cost?

You may need to pay a premium to get IowaCare. The amount of your premium is based on the amount of money you get each month. The chart below will give you an idea of how much your premium may be.

Your premium is due at the end of each month. You must pay one month at a time, but at least four months of premiums.

IowaCare coverage may stop if you don't pay your monthly premium.

★ Premium Amounts

You can find out what your IowaCare premium will be. You must calculate your percent of poverty level. You do this by:

1. Take your total household income.
2. Find the federal poverty level (FPL) amount in the chart below. It is based on your household size.

Household size	1	2	3	4	5	6
FPL	798	1070	1341	1613	1885	2156

3. Divide your total income by the household size amount. The answer is your percent of poverty level.
4. Find your percent of poverty level on the chart below and follow it across to find the premium amount.

Federal Poverty Level	Your Premium Amount	Federal Poverty Level	Your Premium Amount
10%	No cost	110%	\$39.00
20%	\$1.00	120%	\$43.00
30%	\$3.00	130%	\$47.00
40%	\$4.00	140%	\$51.00
50%	\$6.00	150%	\$55.00
60%	\$7.00	160%	\$59.00
70%	\$9.00	170%	\$63.00
80%	\$11.00	180%	\$67.00
90%	\$12.00	190%	\$71.00
100%	\$14.00	200%	\$75.00

Premiums are based on one person households. The more people in your home, the less you will have to pay.

Your premium may be lowered if you meet certain conditions. Call Member Services at 1-800-338-8366 or 725-1009 to see if you can get a lower premium.

IowaCare Application

Please answer all of the questions and then sign on the back. If you have any questions or need help filling out this form, please call 1-800-338-8366. If you live in Polk County, you can call 725-1009. We will be happy to help you!

★ Tell Us About You

Name	Telephone Number	
Street Address	Mailing Address (if different)	
City	State	Zip Code

★ People in Your Home

List all the people in your home and mark yes or no if you are applying for that person. If you choose no, you only need to list their name, relationship to you and their date of birth. Please use another piece of paper, if needed.

Apply for? Yes/No	Name (First, Last)	Relationship to You	Birth Date	Social Security Number	Race (Optional)	Citizen Yes/No	If Alien, Status

List anyone in your home who is disabled: _____

List anyone in your home who is pregnant: _____ Due Date _____
If you have unpaid medical bills, please include a copy of the bills you still owe.

Did you go to Broadlawns Hospital or the University of Iowa Hospitals and Clinics last month? Yes No

★ Income

You must tell us all of the money the people in your household get. If you leave a space blank, we will take that to mean there is no money of this kind. Please use another piece of paper, if needed.

Who is your employer? _____

Where the Money Comes From	Who Gets the Money	Amount Per Month
Money from Work Before Taxes (Gross)		
Self-Employment or Odd Jobs		
Tips		
Unemployment or Worker's Compensation		
Social Security or Supplemental Security Income (SSI)		
Veterans Benefits, Pensions or Retirement		
Child Support or Alimony		
Money from Friends or Relatives		
Other:		

★ Resources

A resource is cash or anything that can be changed to cash. List all of your resources and the amount or value. This includes items like cash on hand, checking accounts, vehicles, life insurance, stocks, bonds, certificates of deposits (CDs), trust funds, retirement accounts, burial contracts, and burial spaces. If you leave a space blank, we will take that to mean that you have no resources.

Person With Resource	Type of Resource	Amount or Value	Location of Resource

★ Health Insurance

Does anyone have Medicare? Yes No
 Who? _____

Does anyone have other health insurance? Yes No

Does your employer offer health insurance? Yes No
 Who? _____

If you have kids, are they covered by the Healthy and Well Kids in Iowa
 (*hawk-i*) program? Yes No
 How much is the monthly premium? _____

★ Your Signature and Understanding

I certify, under penalty of perjury, that:

- The answers I gave are correct and complete to the best of my knowledge.
- My answer about citizenship or alien status of each person applying for assistance is correct.

Upon approval for IowaCare:

- I agree to pay a monthly premium. The premium amount is based on your income.
- Premiums will be billed on a monthly basis and due on the last day of the month after I am approved for IowaCare.
- My IowaCare benefits will stop if I do not pay my monthly premium amount.
- I understand I must pay my monthly premium for every month I have been approved to get IowaCare benefits whether I get medical care covered by IowaCare in those months.
- I understand that if I stop using IowaCare before the end of the first four months of my approval period, I must still pay the premium for four months.
- I understand that if I do not pay my premium, I will owe DHS any unpaid amount which will become a legal debt that the Department may collect by any means allowed by law.
- I will schedule and follow through with a complete medical examination and secure a personal health improvement plan from an Iowa Medicaid provider. I will do this by March 1, 2006, or within 90 days after I get IowaCare if I am approved after March 1, 2006. IowaCare will pay for the cost of the examination.

Your Signature or Mark	Today's Date
Signature or Mark of Spouse or Other Parent	Today's Date
Signature of Person, If Any, Who Helped Complete the Form	Today's Date

★ You Have the Right to Appeal

You, or the person helping you, may request an appeal hearing if you do not agree with any action taken on your case. You must appeal in writing.

To appeal in writing, do **one** of the following:

- Fill out an appeal electronically at www.dhs.state.ia.us/forms/appealrequest.htm, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form, which you can get from your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your local DHS office.

You can represent yourself. Or, you can have a friend, relative, lawyer or someone else act on your behalf.

You may contact your local DHS office about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income. You may also call Iowa Legal Aid at (800) 532-1275. If you live in Polk County, call (515) 243-1193.

★ We Check What You Tell Us

The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check are any listed person's: Social Security Number, job and pay, amounts you get from other sources like Social Security or unemployment, and alien status. If any information you give us is not correct, we may deny your application.

We may check records to see if anyone in your home is getting benefits in another state.

We check and use computer systems like the State Income and Eligibility Verification System. If something you told us is different from what the computer system tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank or other people. We will ask you before we check with your employer or other people.

★ Things You Need to Know

The Quality Control unit or Investigations unit may review your case. They may contact other people or organizations to get proof of your information. By signing this application, you give permission to release confidential information to the Quality Control unit or Investigations unit. You must cooperate with them to keep your benefits.

You may have to pay back any IowaCare benefits you got or that was paid to a third party on your behalf for which you were not eligible.

Section 1128B of the Social Security Act provides federal penalties for fraudulent acts and false reporting in connection with these programs.

Anyone who gets, tries to get, or helps any other person get assistance to which they are not entitled, is guilty of violating the laws of the State of Iowa. This includes, but is not limited to, Iowa Code Chapter 249J.

Comm. 223 will be given to you. It will tell you about any additional rights and responsibilities not covered on this application.

You must give the social security numbers for everyone who wants IowaCare. This is required by Section 1137(a)(1) of the Social Security Act and 42 CFR 435.910. If you do not want IowaCare, you do not have to give us your social security number.

We use social security numbers to:

- Check income, eligibility and IowaCare payments
- Determine a person's right to IowaCare
- Comply with federal law
- Match records with other agencies

By signing this application, you give your permission for DHS to share your medical and other health care records with federal and state officials.

This permission continues while you get IowaCare benefits and for any month you got IowaCare benefits, even if you are not currently getting IowaCare benefits.

★ You Will Not Be Discriminated Against

By law, DHS will not discriminate against you on the basis of:

- Age
- Creed
- National Origin
- Race
- Sex
- Color
- Disability
- Political Beliefs
- Religion

If you feel we have discriminated, you can ask for a Discrimination Complaint form from any DHS office or the DHS Diversity Program Unit. To file a complaint of discrimination, you may also write to any of the addresses below. If you need help, you can call your local DHS office.

Iowa Department of Human Services

Diversity Program Unit 1st Fl
1305 E Walnut
Des Moines IA 50319-0114

Iowa Civil Rights Commission

400 E 14th St
Des Moines IA 50319-1004

U.S. Department of Health and Human Services

Office for Civil Rights Region VII
601 E 12 St Rm 248
Kansas City, MO 64106-2808