



Tips for Completing the Application for Health Coverage and Help Paying Costs

These tips are ONLY for inmates who are currently incarcerated and are scheduled for release.

The applicant should read and keep the cover pages of form 470-5170, *Application for Health Coverage and Help Paying Costs*.

Step 1 on page 1:

1. Enter the mailing and living addresses the inmate will use when released from prison.
2. If the primary spoken and written language of the applicant is something other than English, enter the preferred language. The Department of Human Services (DHS) will send paperwork in the primary language of the applicant.

Step 2 on page 2:

1. Answer the questions about the applicant. If the applicant does not have a social security number (SSN), leave the field blank. Explain the reason that the applicant does not have a SSN on the application. If the applicant files a joint tax return with a spouse, DHS needs the name, social security number, and date of birth for all people included on the tax return. If the SSNs are not available, explain why on the application.
2. Answer the question in the middle of the page that asks: "Do you need health coverage?" The applicant **MUST** check "Yes" to apply for health coverage. Do not use this application to apply for other family members.
3. Answer the question directly below the question stated above: "Do you have a physical, mental, or emotional health condition....?" The applicant may need assistance in understanding if the applicant has a health condition that should be answered "Yes."
4. If the applicant is an alien, complete the alien status and alien number, if known. Include a clear photocopy of the front of the alien card. If there is information on the back of the card, send a copy of the back. If the applicant is an undocumented alien, this status should be indicated on the application.
5. Note, due to incarceration, there is no retroactive eligibility for medical needs for the past three months.
6. Answer the next to the last question on page 2 that asks, "Were you in foster care at age 18 or older?" If the applicant was in foster care in another state at age 18, answer "Yes" and enter the name of the state.

Step 2 on page 3:

Complete the “Current Job and Income Information” section based upon the applicant's job when released from prison OR the inmate's employment while incarcerated. Project the weekly income amount that the applicant will earn upon release. Then multiply the weekly amount to get the monthly amount and enter the amount. If the applicant does not have a job, then enter **Not Employed**. Do not project income UNLESS the inmate has earnings while incarcerated.

Step 2 on pages 4 and 5:

1. If the applicant will live with the applicant's spouse, complete the information about Person 2.
2. If the applicant is going to live with the applicant's children, complete Person information on each of the children. Include all the children that the applicant will live with and who would be considered the applicant's tax dependents.
3. The application has pages for only two people. If there are more children, copy pages 4 and 5 and complete for each child.

Steps 3, 4, and 5 on pages 6, 7, and 8:

Be sure to answer the questions for each person.

Step 6 on page 9:

1. The authorized representative section is not required. If the applicant wants the Department of Corrections (DOC) staff to help complete the application, then the applicant must sign the DOC Consent to Release Information, form AD-CR-04 F-2/HSF-304A.
2. There is a signature line for specific application helpers. Most DOC staff will not fill the helper roles that require a signature. **Note:** The applicant **MUST** sign page 11.

Step 7 on page 10:

List the name of the person incarcerated. List the scheduled release date.

Step 7 on page 11:

The applicant must sign and date the application.

Addendum to Application and Review Forms for Release of Information on page 13:

It is helpful, but not required, to complete and sign the *Addendum to Application and Review Forms for Release of Information*, which is the last page of the application. This form acts as permission for DHS staff to contact others if needed.

The *Medically Exempt Attestation* form is not mailed with the application. Send this form separately to the Iowa Medicaid Enterprise.

Note: Food Assistance applications may be made after the date of release.

To qualify for the Iowa Health and Wellness Plan the 2015 maximum income for a single person is \$1,305 per month. The maximum amount of the monthly income increases according to the number of people that are included in the household size.