

Ohio Department of Job and Family Services
APPLICATION FOR HELP WITH MEDICARE EXPENSES

Medicaid can assist you in paying costs connected to *Medicare*. All or part of your Medicare expenses can be paid by the Qualified Medicare Beneficiary (QMB), Specified Low-income Medicare Beneficiary (SLMB), Qualified Individuals (QI-1), or Qualified Disabled Working Individuals (QDWM) categories of Medicaid. Please complete this application and submit it to your local County Department of Job & Family Services (CDJFS) to apply for this type of assistance.

- A face-to-face interview is not required.
- You must supply proof of U.S. citizenship or alien status, income, and resources.
- This is not an application for cash or food assistance.
- If you would like to apply for any other kind of help, or have your eligibility for other forms of Medicaid evaluated, please inform your local CDJFS.

If you have questions or need assistance completing this application, please call your local CDJFS or call the Medicaid Consumer Hotline at 1-800-324-8680 or TDD 1-800-292-3572.

VOTER REGISTRATION APPLICATION ATTACHED - ASSISTANCE AVAILABLE

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- YES, I want to register to vote. NO, I do not want to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

Name of Applicant (<i>First, MI, Last</i>)		Phone Number	Date of Birth
Street Address			Social Security Number
City	State OH	Zip	Social Security <u>CLAIM</u> Number
Place of Birth	Race/ethnicity (<i>optional</i>) <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Not Hispanic/ Latino	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, you will be asked to show an alien registration card and INS forms.	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	If you are married, does your spouse receive Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your spouse want help with Medicare expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Medicare Part B premium taken out of your Social Security check? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, spouse's name _____		
If yes, when did the withdrawal begin? _____	Date of Birth _____ Social Security Number _____		

Health Coverage. List any health insurance or health coverage you have:

Insurance Company/Plan	Policy Number	Monthly Cost	What Does the Policy Cover?
		\$	
		\$	
		\$	

Income. List all of your income below, including but not limited to income from annuities, Social Security, SSI, VA benefits, spousal support, employment, retirement, or money regularly received from friends and family. Include all of your spouse's income.

Employer/Source of Income	Gross Amount	How Often Is Income Received?
	\$	
	\$	
	\$	
	\$	

Real Estate. Do you own part or all of any real estate other than your home? This includes but is not limited to other houses, vacant land, farm land, or business property. Yes No

If yes, please tell us about the property:

Street Address, City, State, Zip	Value \$
Street Address, City, State, Zip	Value \$
Street Address, City, State, Zip	Value \$

Other Resources. List all of your current resources or assets (except real estate) owned by you or your spouse, including (where appropriate) account numbers and current balances or values. The following are examples of resources:

Savings accounts	Stocks/bonds	Vehicles	Christmas clubs	Land contracts
Checking accounts	Tax shelter accounts	401(k)s or IRAs	Money Market funds	Trusts
Promissory notes	Certificates of deposit	Keough plans	Life insurance	Burial accounts

Type of Resource	Account/Policy #	Name of Bank, Insurance Co., Etc.	Value
			\$
			\$
			\$
			\$
			\$

Would you like help with Medicare expenses for the past three months? Yes No

If yes, please provide verification of your income for each of the past three months.

(Note: This help is not available for certain categories of assistance.)

BY SIGNING THIS APPLICATION, I AGREE to give documentation and verification of information on this application. I understand I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility.

I state under penalty of perjury that I have disclosed all annuities and other similar financial devices in which I or my spouse have any interest.

I authorize any person who furnishes health care or medical supplies to give the Ohio Department of Job & Family Services or the Ohio Department of Health any information related to the extent, duration, and scope of services provided under the Healthy Start, Healthy Families Medicaid program, WIC and medical assistance programs. I also authorize the Ohio Department of Health and the Ohio Department of Job & Family Services to exchange any information I have provided on this form, to enable the departments to determine my eligibility.

I understand that this application will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief.

By my signature below, I affirm that to the best of my knowledge and belief the answers on this application are complete and correct. I understand the law provides a penalty of fines or imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible to receive. **I state under penalty of perjury that all of the information on this application is true and complete to the best of my knowledge.**

Person Applying (<i>Please Print Name</i>)	Signature	Date
Authorized Representative or Person Who Completed Form	Signature	Date

If you have not been provided with a copy of forms JFS 07236 "Your Rights and Responsibilities as a Consumer of Medicaid Health Coverage" or JFS 07400 "Ohio Medicaid Estate Recovery," please ask for these informational forms from your local CDJFS or from the Consumer Hotline at **1-800-324-8680** or **TDD 1-800-292-3572**, or visit <http://www.odjfs.state.oh.us/forms/inter.asp>.

Voter Registration Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's Web site at: www.sos.state.oh.us or call 1-877-767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of the election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be *received or postmarked* by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to Election Day, please contact your county board of elections.

Lines 1 and 2 below are required by law. You *must* answer **both** of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the *last four digits* of your Social Security number on line 10. If you have neither, please write "None."

Registering by Mail

If you register by mail and do **not** provide either a current Ohio driver's license number or the last four digits of your Social Security number, please enclose with your application **a copy** of one of the following forms of identification that shows your name and current address:

Current valid photo identification card, military identification, or current (within one year) utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

Your Signature

Your signature is required for your registration to be processed. In the box next to the arrow by line 14, please affix your signature or mark, taking care that it does not touch surrounding lines or type so it can be effectively used to identify you. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.

Please see information on back of this form to learn how to obtain an absentee ballot.

FOLD HERE

1. Are you a U.S. citizen? Yes No
 2. Will you be at least 18 years of age on or before the next general election? Yes No
If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name	Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)		Apt. or Lot #	5. City or Post Office	6. ZIP Code
7. Additional Rural or Mailing Address (if necessary)			8. County where you live	
9. Birthdate (MO-DAY-YR) (required)	10. Ohio driver's license No. OR last 4 digits of Social Security No. (one form of ID required to be listed or provided)		11. Phone No. (voluntary)	
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street				
Previous City or Post Office		County	State	
13. CHANGE OF NAME ONLY Former Legal Name		Former Signature		

FOR BOARD USE ONLY
SEC4010 (Rev. 07/08)

City, Village, Twp.

Ward

Precinct

School Dist.

Cong. Dist.

Senate Dist.

House Dist.

I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

14. **Your Signature** →

Date / /
 MO DAY YR

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: www.sos.state.oh.us or by calling 1-877-767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

R.C. 3503.19

Voters must bring identification to the polls in order to verify identity. Identification may include a current and valid photo identification, a military identification, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document, other than a notice of an election or a voter registration notification sent by a board of elections, that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot. Voters who do not have any of the above forms of identification, including a Social Security number, will still be able to vote by signing an affirmation swearing to the voter's identity under penalty of election falsification and by casting a provisional ballot. For more information on voter identification requirements, please consult the Secretary of State's Web site at: www.sos.state.oh.us or call 1-877-767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**