

Florida KidCare INSTRUCTIONS

Through Florida KidCare, the state of Florida offers health insurance for children from birth through age 18, even if one or both parents are working. It includes four different parts, or programs. When you apply for the insurance, Florida KidCare will check which program your child may be eligible for based on age and family income:

- **MediKids:** uninsured children ages 1 through 4.
- **Healthy Kids:** uninsured children ages 5 through 18.
- **Children's Medical Services Network:** uninsured children birth through 18 who have special health care needs.
- **Medicaid:** children birth through 18. A child who has other health insurance may still qualify for Medicaid.

Some Florida KidCare programs may have limited space, and applications are accepted on a first-come, first-served basis. When MediKids, Healthy Kids and the Children's Medical Services Network are full, enrollment for these programs will close. Medicaid is always open for children who qualify.

How do I apply? Instructions

There are several ways to apply.

- If you applied for Florida KidCare before, call 1-888-540-5437 to update your information by telephone.
- On the Internet: Apply at www.floridakidcare.org
- Paper Application: Use blue or black ink, fill out this application form and mail it as soon as possible. Follow the directions on the application form and please print your answers. Here is some more information to help you with the application.

SECTION 1. Parent (or guardian) information.

Social security number (SSN). An adult's SSN on the application is optional. If provided, Florida KidCare uses the SSN for computer matches with other agencies and contractors and it may help speed up your child's application processing. We will not share your information with the United States Citizenship and Immigration Services (USCIS).

Employer information. Write your work telephone number and employer's name on the application. If you have more than one job, list each employer's name. If you are self-employed, write "self-employed." If you are not employed, write "unemployed."

Employer health insurance. For Parent One and for Parent Two, tell us if your employer offers health insurance coverage for your child, even if the child is not covered by your employer's health insurance now. We also need to know how much it would cost you each month to add the child or children to your employer's health insurance.

SECTION 2. Child information.

This information helps Florida KidCare determine if your children might qualify for lower cost or no-cost coverage.

■ Answer the **shaded** questions in Section 2 for each child who lives with you. For an unborn child, write "unborn" in the First Name box and answer Relationship to Parent One, Relationship to Parent Two and if you are applying for Florida KidCare. Leave the rest of the questions blank for the unborn child. After your baby is born, call Florida KidCare to give the rest of the application information.

■ Answer **all** of the questions in Section 2 only for each child who needs Florida KidCare health insurance.

Child's social security number (SSN). If you have an SSN for your child, write it on the application. SSNs are used to do computer matches with other agencies.

If your child does not have an SSN, write the date you applied for or tried to apply for an SSN on the application. To apply for an SSN for your child, call the Social Security Administration at 1-800-772-1213. If you have access to the Internet, go to www.ssa.gov for help applying for an SSN.

Child's citizenship. Mark "yes" if your child is a U.S. citizen.

Important information for immigrants. Non-citizen children may be eligible for Florida KidCare. If your child is not a U.S. citizen, write the child's date of entry into the U.S. and the child's USCIS number. Make a copy of the front and back sides of any of the following papers you have for each child you are applying for Florida KidCare and attach the copies to the application:

- Form I-551 (Green Card, Permanent Resident or Resident Alien Card)
- Form I-94 (Arrival/Departure Record)
- Form I-571 (Travel Authorization)
- Notice of DHS receipt of Form I-589 (Asylum Application), if Cuban or Haitian

- Form I-688B or Form I-766 (Work Authorization Card)

■ Passport or Laissez-Passer, including the bearer's name and picture, stamped by the Department of Homeland Security (DHS) showing immigration status or immigrant visa

■ Other documentation of status, such as a letter from USCIS, DHS, immigration judge or Board of Immigration Appeals judge

■ Letter of eligibility from the Office of Refugee Resettlement

Important public charge information. What you tell us about your child's citizenship status is confidential. Florida KidCare will not share anything you tell us with the USCIS. Information about a parent's immigration status is not needed to apply for Florida KidCare. A child's enrollment in Florida KidCare does not harm anyone's application for citizenship or legal permanent resident status.

Child's ethnicity/race. This information is optional and is not used for determining eligibility. If provided, it is used for research and to ensure all people are treated fairly.

Choose A or B and write in the first box in the "Race" section on the application:

A = Hispanic or Latino **B = Not Hispanic or Latino**

Choose up to two numbers and write them in the second and third boxes on the application:

1 = American Indian or Alaskan Native

2 = Asian

3 = Black or African American

4 = Native Hawaiian or Other Pacific Islander

5 = White

Child's access to health insurance. For each child who is applying for Florida KidCare, tell us if the child could be covered under a health insurance plan offered by the employer of either Parent One or Parent Two, even if the child is not covered by the employer's health insurance now.

Answer "no" to Question 1 if your child only has accident insurance, disability insurance or a discount medical card.

If your child has a pre-existing health condition that keeps him or her from getting health insurance from the employer of Parent One or Parent Two, answer "no" to Question 2. A child with a pre-existing health condition may still qualify for Florida KidCare.

Voluntary cancellation of employer health insurance. If you canceled your child's employer-sponsored health insurance in the last 6 months for one of these reasons, answer "no" to Question 3:

■ Parent lost a job that provided employer-sponsored coverage for an applicant child.

■ Parent whose job provided employer-sponsored coverage for an applicant child is deceased.

■ The employer providing the applicant child's coverage canceled the coverage.

■ The applicant child's employer-sponsored coverage ended because the child reached the maximum lifetime coverage limit or an annual benefit limit.

■ The applicant child's parent canceled COBRA coverage or the COBRA coverage reached its legal limit.

■ Domestic violence led to the loss of employer-sponsored coverage for an applicant child.

■ A non-custodial parent dropped the applicant child's employer-sponsored coverage.

SECTION 3. Household information.

A "household" means all adults and children who live in your home, except for renters.

SECTION 4. Monthly income information.

SECTION 4a. Monthly earned income. You must attach proof of income from work. If you or anyone in your household has income from work, send Florida KidCare readable copies of the following documents:

1. Most recent federal income tax return, OR

2. Pay stubs or wage statements—A copy of pay stubs or wage statements for the last four weeks or a letter from your employer that says how much money you earned. If you are self-employed, attach a copy of a business ledger, records, receipts or a tax statement to the application; OR

3. Most recent W-2 forms (Wage and Tax Statement.)

If no one in your household has work income, write "None" in the first column and go to Section 4b.

SECTION 4b. Monthly unearned income. You must attach proof of all unearned income. If you or anyone in your household gets any unearned income, make a copy of the award letter or check stub and attach it to the Florida KidCare application. Examples of unearned income are social security benefits, disability benefits, unemployment, pensions, workers' compensation, and veteran's benefits.

If no one in your household gets unearned income, write "None" in the first column and go to Section 4c.

SECTION 4c. Child support received. If you get child support payments, you must attach proof. Examples of child support documents are a copy of the court order, a copy of the most recent month's check received for each child, or a written statement from the parent who pays the child support.

SECTION 4 Reminder. If your income is now different than the income on the document copies you are sending, write the reasons why it is different at the end of Section 4 on the application.

SECTION 5 and SECTION 6.

Follow the directions on the application.

How much do I pay each month for coverage?

■ There is no charge for Medicaid for children (KidCare Medicaid).

■ For other Florida KidCare programs, monthly premiums depend on your household's size and income. Most families pay \$15 or \$20 a month. If you need to pay more, we will let you know.

If you decide to send a check or money order with the application for the first month's premium, make it payable to Florida KidCare. Do not send cash. If your child (or children) is approved for Medicaid or denied coverage, your premium payment will be refunded.

How much do I pay each month for coverage?

■ You may have to pay small charges or co-payments for some services.

■ A child who is a member of a federally recognized American Indian or Alaskan Native tribe may qualify for no-cost Florida KidCare coverage. Call 1-888-540-5437 for more information.

What goes with the application?

Checklist. Before you send in your application, make sure you have answered the questions and signed and put the date on the application. **The application is not complete without your signature on both lines.**

Use this checklist to make sure you are sending all needed documents with the application. *Please send copies—do not send original documents.*

Required income documents:

- Most recent federal income tax return, OR
- Pay stubs or wage statements from the last four weeks or a letter from your employer that says how much money you earned for the last four weeks, OR
- Most recent W-2 forms (Wage and Tax Statement).
- If you get unearned income, provide a copy of the award letter or check stub.
- If you get child support payments, provide a copy of the court order, or the most recent month's check received for each child, or a written statement from the parent who pays the child support.

Other documents:

- We will let you know if we need a copy of your child's birth certificate or proof of their identity.
- If your child is not a U.S. citizen, attach a copy of the front and back sides of immigration documents for each child you are applying for Florida KidCare.
- If your child is an American Indian or Alaskan Native, attach a copy of the front and back sides of your child's tribal identification card or other similar tribal documents.

We suggest that you make a copy of your entire application package for your records before you send it. Be sure to put enough postage on the envelope before you mail it. Mail the application and attached documents to:

Florida KidCare
P.O. Box 980
Tallahassee, FL 32302-0980

What happens after I send in the application?

An application will be valid for 120 days after we receive it. If your children do not get enrolled in MediKids, Healthy Kids, or the Children's Medical Services Network within the 120 days, we will notify you and you will need to re-apply. An application that is

older than 120 days may still be used to determine if your children are eligible for Medicaid.

We will let you know when we receive your application. It will take several weeks to process the application. First, we will check to see if your children might be eligible for Medicaid. You will receive more information if your children are eligible for Medicaid. If any of your children are eligible for the other Florida KidCare programs, we will let you know. We will contact you if we need more information or a premium payment.

If enrollment for MediKids, Healthy Kids and the Children's Medical Services Network is closed, we will let you know when we receive your application. We will check to see if your children might be eligible for Medicaid. You will receive more information if your children are eligible for Medicaid. If your children are not eligible for Medicaid, you will need to re-apply when MediKids, Healthy Kids, and the Children's Medical Services Network are open again.

You may ask for a review of a decision if you think the decision was unfair or incorrect. Call toll-free 1-888-540-5437 for information.

When does coverage start?

■ **MediKids and Healthy Kids:** Coverage starts after the application is processed and approved. Florida KidCare will let you know when the insurance coverage starts. MediKids and Healthy Kids will not pay for medical services your children received before the coverage starting date.

■ **Children's Medical Services Network:** Coverage starts after the application is processed and approved. Florida KidCare will let you know when the insurance coverage starts. Children's Medical Services Network services may start sooner if your child has an emergency health care need. The Children's Medical Services Network also is available to children with special health care needs who qualify for Medicaid.

■ **Medicaid:** If your children qualify for Medicaid, coverage may start in the month your application is received. If you have any unpaid medical bills for your child from the three months before you applied for Medicaid, Medicaid may be able to pay them for you.

Important Information about Medicaid

The following is important information about your rights and responsibilities you need to know if your children are eligible for Medicaid:

- The information I give on the application is true and correct to the best of my knowledge. I realize that if I give information that isn't true or if I withhold information and my children get health benefits for which they are not eligible, I can be lawfully punished for fraud. I may also have to pay Medicaid back.
- I understand that the information I give about our income and family situation will be checked, including computer matches. I agree to let the Department of Children and Families get needed information. I agree, under penalty of perjury, that everything on the application is true as best I know it. I know that Social Security numbers we provide will be used to check our income.
- I understand that the requirements for Medicaid may be different than for other Florida KidCare programs. I may need to provide additional information, such as proof of citizenship and identity for my children.
- I agree to notify the Department of Children and Families within 10 days if there are any changes in: the people who live in our home; where we live or get our mail; our income; or our health insurance.
- I understand that if my children are not found eligible for Medicaid using the Florida KidCare application, I can contact the local office of the Department of Children and Families to see if my children are eligible for Medicaid on some other basis.
- I give permission for Medicaid to: share medical information on my children with any insurance company to get the medical bills paid; and collect payments from anyone who is supposed to pay for that care.
- I know that Medicaid cannot discriminate because of race, color, sex, age, disability, religion, nationality, or political belief.
- I know that I can ask for a Fair Hearing from my Department of Children and Families worker if I think the decision made on my case is unfair, incorrect, or made too late.

**Need help with child support?
Call 1-800-622-5437. This is a free call.**



SECTION 3. Household information.

1. Number of adults living in your household: Number of children: Total: *(List income for each household member in Section 4.)*
2. If anyone in your household PAYS court-ordered child support, write in the monthly amount paid: \$ _____ *(Your answers may determine deductions and may qualify your child for lower cost coverage.)*
Name of person who pays it: _____
3. If you are applying for an unborn child, what is the expected due date? / / (MM/DD/Year)
4. Do your children have unpaid medical bills from the last three months? Yes No



SECTION 4. Monthly income worksheet.

 Follow the directions in each column. Write the amount of income BEFORE taxes and other deductions. Use an extra sheet if necessary. *(see instructions for more information)*

SECTION 4a. Monthly earned income before taxes.

 If no one in your household has earned income, write "None" in the first column.

Household member name <i>(first and last name)</i>	Is this person in school full time?	Monthly gross income from work <i>(before taxes)</i>	How often is this person paid by the employer <i>Monthly? Twice a month? Every two weeks? Every week?</i>	Monthly income from self-employment	Did you include proof of income for the last four weeks? <i>(see instructions for examples)</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4b. Monthly unearned income before taxes.

 If no one in your household has unearned income, write "None" in the first column.

Household member name <i>(first and last name)</i>	Monthly Social Security benefits	Monthly SSI benefits	Monthly income from unemployment	Monthly income from any other source like workers' compensation or investments	Did you include proof of income for the last four weeks? <i>(see instructions for examples)</i>
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4c. Child support received.

 If you get child support payments, write each child's name and the amount of child support you get each month.

Child's name <i>(first and last name)</i>	Monthly amount of child support received <i>(if different from court order, explain below)</i>	Did you include proof of child support received for the last four weeks?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No



SECTION 4 (a, b, c) reminder. Before you go on to the next section, make sure you have included copies of proof of all your income. If your income is now different than the income on the documents you are sending, use this space to tell us about the difference.



SECTION 5. Day care/after school care payments.

 List the payments made for day care for a child or a disabled adult so that someone in your household can work. You do not need to send proof of day care payments. If no day care payments are made, write "None" in the first column.

Name of person in care <i>(first and last name)</i>	Monthly amount of day care paid for each person in day care	Person who pays for care
		<input type="checkbox"/> Parent One <input type="checkbox"/> Parent Two <input type="checkbox"/> Other
		<input type="checkbox"/> Parent One <input type="checkbox"/> Parent Two <input type="checkbox"/> Other
		<input type="checkbox"/> Parent One <input type="checkbox"/> Parent Two <input type="checkbox"/> Other



SECTION 6. Certification and authorization.

- I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that if I give information that is not true or if I withhold information and my children get health benefits for which they are not eligible, I can be lawfully punished for fraud.
- I understand that the information will be kept confidential in accordance with Florida and federal law.
- I understand the information I have provided in this application will not be shared with the United States Citizenship and Immigration Services (USCIS).
- I understand the information I provide will be verified, which may include computer file matching and that I may be requested to provide other information.
- I authorize the release of personal, financial, and medical information for determining eligibility, conducting research, or providing health care treatment, payment and administration.
- I attest that the information provided on this application establishes the identity of children under age 16.
- I authorize the use of the E-mail address provided in this application to receive general notifications and reminders about the program.
- I have read and understand my rights and responsibilities as they apply to the Medicaid program.
- I understand that the Florida KidCare program does not discriminate because of race, color, sex, age, disability, religion, nationality or political belief.

SIGNATURE REQUIRED

DATE: _____

SIGN BOTH LINES

I certify under penalty of perjury that all the children listed on this application are who I claim them to be.

DATE: _____

SIGNATURE REQUIRED