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|--------------------------|-------------|
| Applicant/Recipient Name | |
| County | Case Number |

Adults ages 19 to 64 may need to complete community engagement and work activities to get Medical Assistance (MA).

- Applicants must show they meet community engagement/work-related rules in the month before applying or meet an exemption in the month of application.
- Recipients renewing MA must show they meet community engagement/work-related rules in any one month since their last application or renewal or meet an exemption in the month of renewal.

Complete this form and return it with supporting documents (if stated below) to help us determine if you must meet the requirements or if you meet an exemption.

| SECTION I: MY INFORMATION | | |
|--|--------------------------|--------------------------|
| Name: | Date of Birth: / / | |
| SECTION II: DO I MEET AN EXEMPTION? | | |
| SECTION IIA | YES | NO |
| Were you in foster care at age 18 or older? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a member of a federally recognized American Indian or Alaska Native tribe? If you answered yes, what tribe? _____ What state? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a caregiver of a disabled person? If you answered yes, What is the name of the disabled person? What is your relationship to the disabled person? Does the disabled person reside in the same house? How many hours a month does the caregiver provide care to the disabled person? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a parent, caretaker or caregiver of a child under 14? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a disabled veteran with a 100% disability rating made by the U.S. Department of Veterans Affairs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you participating in a drug addiction or alcohol treatment program? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you pregnant or receiving postpartum coverage through Medical Assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you in prison or jail within the last 90 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you participate in a substance use or alcohol treatment program? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a physical, intellectual, or developmental disability that makes it hard to do daily activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a mental health disorder (such as schizophrenia, major depression, or OCD) | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a serious health condition that requires regular treatment (such as an autoimmune disorder, heart or kidney failure, or other severe condition)? | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION II-B: | | |
| If you are applying for MA, complete this section for the month before you applied. If you are renewing MA, complete this section for any one month since your last application or renewal. | | |
| Were you entitled to or received Medicare Part A or B? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you travel for an extended period of time to receive medical care for yourself or a dependent not available near the place of residence? If you answered yes, when did you travel? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive care in an inpatient hospital, nursing facility, facility for people with intellectual disabilities, inpatient psychiatric hospital, or other similar care? | <input type="checkbox"/> | <input type="checkbox"/> |

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|--|--------------------------|--------------------------|--|
| If you answered yes, when did you receive care? | | | |
| SECTION III: HOW DID I MEET MY COMMUNITY ENGAGEMENT AND WORK REQUIREMENT? | | | |
| If you answered "NO" to every question in section II, please complete this section. If you answer "YES" to any question below, provide supporting documents of the activities you completed. | | | |
| If you are applying for MA, the review month is the month before you applied. If you are renewing MA, the review month can be any one month since your last application or renewal. You can choose a month with the most hours of activities. | | | |
| | YES | NO | Hours |
| Did you work in the review month? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, how many hours did you work in the review month? |
| Did you attend school, GED program, college or other educational institution in the review month? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If you answered yes, were you enrolled at least half-time or more? | <input type="checkbox"/> | <input type="checkbox"/> | If no, how many credit hours were you enrolled in school? |
| Did you complete community service in the review month? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, how many hours did you complete? |
| Did you participate in a job training program in the review month? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, how many hours did you participate? |
| Did you complete a combination of the activities listed above in the review month? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what are the total hours for all activities you completed in the review month? |
| Did you have earned or unearned income of at least \$580 per month before tax in the review month? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are you a seasonal worker and your average monthly income over the last 6 months was at least \$580 per month before tax? | <input type="checkbox"/> | <input type="checkbox"/> | |

By signing this form, I certify that all information that has been entered is true under penalty of perjury

Signature of Applicant/Recipient

Date

DRAFT - PREDECISIONAL