

# Florida KidCare APPLICATION

**Mail application to: Florida KidCare, P.O. Box 980, Tallahassee, FL 32302-0980**

If you have questions or need help with your application, call 1-888-540-5437. This is a free call. [www.floridakidcare.org](http://www.floridakidcare.org)

## SECTION 1. Parent (or guardian) information. Please print. "Parent One" is a person the child lives with.

In what language do you prefer to receive mail?  English  Spanish  Haitian Creole

**PARENT ONE:** Name: \_\_\_\_\_  
 First M.I. Last Sex (M/F) Date of Birth (MM/DD/Year)

Social Security Number (SSN) (optional): \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_  
 Number Street Apt. Number

City State Zip Code County

Mailing Address: \_\_\_\_\_  
 (if different from street address) Number Street Apt. Number

City State Zip Code County

Home Telephone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Other Contact Telephone: (\_\_\_\_) \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ Name of Employer(s): \_\_\_\_\_

Does the employer offer health insurance for your children?  Yes  No If yes, how much would it cost each month to add children? \$\_\_\_\_\_ (enter dollar amount)

**PARENT TWO:** Name: \_\_\_\_\_  
 (if living in household) First M.I. Last Sex (M/F) Date of Birth (MM/DD/Year)

Social Security Number (SSN) (optional): \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ Name of Employer(s): \_\_\_\_\_

Does the employer offer health insurance for your children?  Yes  No If yes, how much would it cost each month to add children? \$\_\_\_\_\_ (enter dollar amount)

## SECTION 2. Child information (each child who LIVES WITH YOU). Answer shaded questions for each child who lives with you. Answer all questions for each child who needs Florida KidCare insurance. If there are more than three children, attach the information on another sheet of paper. Do not send another application.

**CHILD ONE:** Name: \_\_\_\_\_  
 First M.I. Last Sex (M/F) Date of Birth (MM/DD/Year)

Relationship to Parent One:  Child  Stepchild  Other Relationship to Parent Two:  Child  Stepchild  Other

Are you applying for KidCare for this child?  Yes  No (If no, go to the next child.) (see instructions)

If yes, Child's SSN: \_\_\_\_\_ (see instructions) If none, date SSN applied for: \_\_\_\_\_ (see instructions) (MM/DD/Year)

U.S. Citizen?  Yes  No If no, date of entry into the U.S.: \_\_\_\_\_ (MM/DD/Year) Child's INS Number: \_\_\_\_\_ Race:   (optional, see instructions)

**CHILD TWO:** Name: \_\_\_\_\_  
 First M.I. Last Sex (M/F) Date of Birth (MM/DD/Year)

Relationship to Parent One:  Child  Stepchild  Other Relationship to Parent Two:  Child  Stepchild  Other

Are you applying for KidCare for this child?  Yes  No (If no, go to the next child.) (see instructions)

If yes, Child's SSN: \_\_\_\_\_ (see instructions) If none, date SSN applied for: \_\_\_\_\_ (see instructions) (MM/DD/Year)

U.S. Citizen?  Yes  No If no, date of entry into the U.S.: \_\_\_\_\_ (MM/DD/Year) Child's INS Number: \_\_\_\_\_ Race:   (optional, see instructions)

**CHILD THREE:** Name: \_\_\_\_\_  
 First M.I. Last Sex (M/F) Date of Birth (MM/DD/Year)

Relationship to Parent One:  Child  Stepchild  Other Relationship to Parent Two:  Child  Stepchild  Other

Are you applying for KidCare for this child?  Yes  No (If no, go to the next child.) (see instructions)

If yes, Child's SSN: \_\_\_\_\_ (see instructions) If none, date SSN applied for: \_\_\_\_\_ (see instructions) (MM/DD/Year)

U.S. Citizen?  Yes  No If no, date of entry into the U.S.: \_\_\_\_\_ (MM/DD/Year) Child's INS Number: \_\_\_\_\_ Race:   (optional, see instructions)

Answer "Yes" or "No" to all of these questions for each child you are applying for Florida KidCare. If there are more than three children, attach the information on another sheet of paper. (see instructions for more information)

- Does this child have health insurance now? If yes, write the insurance company name(s) here.
- Could this child get health insurance from the employer of Parent One or Parent Two?
- Have you voluntarily cancelled the health insurance of Parent One or Parent Two for this child in the last 6 months?

CHILD ONE		CHILD TWO		CHILD THREE	
Yes	No	Yes	No	Yes	No

To help you get access to specialized care, answer the following questions if your child has a medical, behavioral or other health condition that has lasted or is expected to last at least 12 months. For all other children, go to Section 3 on the next page. (see instructions for more information)

- Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
- Does this child need to get special therapy, such as physical, occupational or speech therapy, or treatment or counseling for an emotional, developmental, or behavioral problem?
- Does this child need or use more medical care, mental health or educational services than is usual for most children of the same age?

CHILD ONE		CHILD TWO		CHILD THREE	
Yes	No	Yes	No	Yes	No



### SECTION 3. Household information.

1. Number of adults living in your household:   Number of children:   Total:

2. If anyone in your household pays court-ordered child support, write in the monthly amount: \$ \_\_\_\_\_  
Name of person who pays it: \_\_\_\_\_ (Your answers may determine deductions and may qualify your child for lower cost coverage.)

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 family has earned income, write "None" in the first column.

Family member name (first and last name)	Is this person in school full time?	Monthly income from work	How often is this person paid by the employer Monthly? Twice a month? Every two weeks? Every week?	Monthly income from self-employment	Did you include proof of income?
	<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 family has unearned income, write "None" in the first column.

Family member name (first and last name)	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 all income 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 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 (first and last name)	Monthly amount of child support received (if different from court order, explain below)	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 (first and last name)	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 Immigration and Naturalization Service (INS).

- 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 the purpose of determining eligibility and for research.
- 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: \_\_\_\_\_

# Florida KidCare INSTRUCTIONS

**Mail application to: Florida KidCare, P.O. Box 980, Tallahassee, FL 32302-0980**

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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 or ongoing medical conditions.

■ **Medicaid:** children birth through 18. A child who has other health insurance may still qualify for Medicaid.

## What services are covered?

Here are some of the services Florida KidCare covers:

- doctor visits
- surgery
- vision & hearing
- check-ups & shots
- prescriptions
- dental
- hospital emergencies
- mental health

## Who will provide my child's care?

All Florida KidCare programs use selected doctors, dentists, hospitals, therapists, or health plans to provide services. In some areas of Florida, you may be able to choose from more than one health plan.

## How do I apply? Instructions

Using blue or black ink, fill out this application form and mail it as soon as possible. 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.

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.

**Parent social security number (SSN).** A parent's Social Security Number 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 Immigration and Naturalization Service (INS).

**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](http://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 INS 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/I-515 (Green Card, Permanent Resident or Resident Alien Card)

■ Form I-94 (Arrival/Departure Record)

■ Form I-571 (Travel Authorization)

■ Passport stamped by INS showing immigration status or immigrant visa, including the bearer's name and picture

■ Notice of INS receipt of Form I-589 (Asylum Application)

■ Other documentation of status, like a letter from INS or judge, or a Laissez-Passer

**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 Immigration and Naturalization Service (INS). 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      4 = Native Hawaiian or Other Pacific Islander**

**2 = Asian**

**5 = White**

**3 = Black or African American**

**Child's access to employer 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.

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 have chosen to cancel your employer's health insurance for your child in the last 6 months, answer "yes" to Question 3. A child whose employer health insurance was voluntarily cancelled within 6 months of applying will not qualify for MediKids, Healthy Kids, or Children's Medical Services Network coverage.

### **SECTION 3. Household information.**

Follow the directions on the application.

### **SECTION 4. Monthly income information.**

**SECTION 4a. Monthly earned income.** You must attach proof of income from work. If you or anyone in your family 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.

If no one in your family 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 family 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 family 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.

■ 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.

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:

- 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 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.**