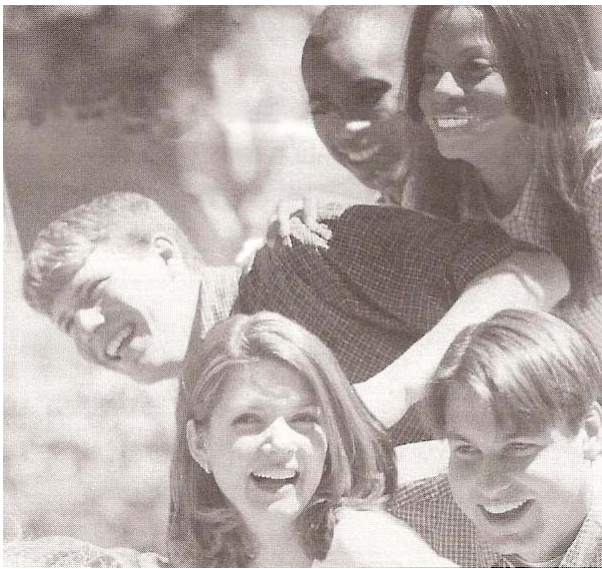




MaineCare
Health Care for Maine People

Free or Low-Cost Health Insurance For Families with Children and Pregnant Women



MaineCare (formerly Medicaid & Cub Care)

Department of Health and
Human Services

What services are covered?

- Doctors visits:
Well checkup and
sick care; specialist
care, if necessary
- Hospital care:
inpatient
outpatient
emergency room
- Immunizations
- Prescriptions
- Surgery
- Laboratory & x-ray
- Dental care:
Full coverage for
children and
limited coverage
for adult
- Medical equipment
and supplies
- School-based
health centers
- Chiropractic treatment
services
- Therapies:
speech/language
physical occupational
- Vision
screening/eyeglasses
- Hearing test/hearing
aids
- Ambulance
- Case management
- Mental Health and
substance abuse
treatment
- Family planning
services
- Prenatal care
- Transportation for
medical appointments

**If you or your children
need health insurance,
MaineCare
may be the answer.**

Apply now. Don't wait.

Information to help you fill out the attached application for MaineCare

Note: If applying for children and teens age 18 and under, or if you are a pregnant woman, you need to fill in boxes 1-10 only.

1. *Person filling out The Application*

Provide information about the person filling out the application. This is usually the parent or guardian of the children listed under “Household Members” (#3 below). If you are applying for yourself because you are pregnant or you are under the age of 19 and living on your own, your name is listed here. Listing Social Security numbers will help avoid delays in processing.

2. *Mailing Address*

This is the address where you get your mail. Write the address where you live if it is different than your mailing address.

3. *Household Members*

List everyone who lives in the household including the children for whom you are applying. This tells us what income to count and who may be covered. If a household member is applying due to pregnancy, special rules apply which may help get coverage.

4. *Household Earnings*

Attach paystubs or photocopies of paystubs for the last 4 weeks. **We need proof of income before we can process the application.** Gross weekly wages are multiplied by 4.3 to arrive at gross monthly wages. Gross monthly wages are what determine eligibility.

5. *Self-Employment*

Attach a copy of your most recent tax return including all schedules. If your business is incorporated, include the corporate income tax return as well. If you have not filed a tax return, we will send you forms to complete.

6. *Unearned Income*

Examples are: Unemployment Compensation, Workers Compensation, Social Security, Supplemental Security Income (SSI), VA, interest income and child support received. Attach a copy of the check, check stub or award letter from the income source. You do not need to do this for Social Security or SSI.

7. *Child Care Expenses*

Depending on your income, these expenses are deductions from earnings when figuring eligibility. The maximum monthly deduction is \$200 per child under age 2 and \$175 per child age 2 and over.

8. *Child Support (Paid Out)*

This is the monthly amount paid to comply with a court or child support order. Depending on your income, it is used as a deduction when figuring MaineCare eligibility. Any child support received as income is not listed here. It should be listed as “Unearned Income” (#6 Above).

9. *Health Insurance*

Most children with health insurance are eligible for MaineCare. Some may not be. If this applies to you, the Department of Health and Human Services will give you more information.

10. *Special Conditions*

Special rules may apply for children with a disabling condition. This can help them to get coverage.

There is no premium for American Indian children who are members of a Federally recognized tribe or for children who are Alaskan Natives.

In some cases medical expenses for a 3 month period prior to the month of application may be covered.

Children or pregnant women do not need to be citizens to be covered by MaineCare. Some non-citizens who are here temporarily, for example, students or visitors, can get coverage for payment of emergency services only.

If you are a parent living with your children age 18 and under, and you want to apply for yourself along with your children, fill in box 11 also.

11. *Assets*

List any assets owned by you, your children or your spouse who lives with you. Include assets owned jointly or together with anyone else.

a. Cashable Assets – This includes savings and checking accounts, certificates of deposit (CDs), credit union shares, stocks, bonds, annuities, individuals retirement accounts (IRAs), Keogh, or profit sharing.

b. Real Estate – This includes any property your own.

c. Vehicles – This includes any motorized vehicle such as a car, truck, boat, camper, motorcycle, snowmobile, or ATV.

State of Maine Department of Health and Human Services

Application for Health Insurance

MaineCare for Families with Children and Pregnant Women

1. Person Filling Out The Application

Name (first, middle initial, last)		
Social Security Number	Birthdate (month/day/year)	Sex
Check one <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> separated		
Maiden Name _____		

Return to:
REC'D 45th DAY

2. Mailing Address

Street, PO Box or RR (include apartment number, in care of , etc.)				
City:	State:	Zip code:	Home phone	Work phone:
If different from your mailing address, write in the address where you actually live:				

3. Household Members *(List the people who live with you)*

Last name	First name	Middle initial	Sex	Date of birth	Place of Birth	Social Security Number	Relationship to you

Is anyone in your household applying due to pregnancy? Yes No

Name: _____ Due Date: _____

4. Household Earning *(Attach paystubs or photocopies of paystubs for the last 4 weeks)*

Name	Employer's name and phone	Amount you earn	How often you are paid	Hours worked each week

5. Self-Employment *(Attach a copy of your most recent tax return including all schedules)*

Name of the person who is self-employed	If you did not file a tax return. Check here <input type="checkbox"/>
Name of business	Hours worked weekly

6. Unearned Income *(Attach proof of income listed below, except for Social Security or SSI)*

Name of person Receiving income	Where is income from? (Social Security, Unemployment, etc.)	How often received? (monthly, weekly, etc.)	Amount Before deductions

7. Child Care Expenses *(Paid by a member of your household)*

Name of Child care provider	Child's name	Amount paid	How often paid? (Monthly, weekly, etc.)

8. Child Support *(Paid by a member of your household)*

Name of person who pays support	Person to whom support is paid	Amount paid	How often paid? (Monthly, weekly, etc.)

9. Health Insurance

List children in your household who now have health insurance (except for MaineCare) which covers more than one service

List children in your household who lost health insurance (except for MaineCare) in the last 3 months and why they lost insurance:

List children in your household who can be added to a household member's State Employee health insurance:

10. Special Conditions

Check here if anyone has a disabling condition or is applying for Limited Benefits Program. *(There may be special help available to you.)*

Check here if your child is a member of a Federally recognized American Indian tribe or Alaskan Native. *(No premium is required.)* Name of tribe _____

Is everyone for whom you are applying a U.S. citizen? Yes No

If English is not your first language, what language do you speak? _____

Are you asking for help with medical bills incurred in the last 3 months? Yes No

Do you want to apply for Food Stamps? Yes No

11. Assets *(Complete only if you are applying for yourself along with your children and teens age 18 and under)*

a. Cashable Assets		Name(s) on account		Account number and bank	Value or balance
Type of Assets					
b. Real Estate (other than the home where you live)			Type of real estate		
Owners					
c. Vehicles		Owner (s)		Current value	Amount owed
Year	Make/Model				

12. Signature

If you have to pay a premium, coverage can start either the month the Dept. of Health and Human Services receives this application, or the next month. Please write the name of the month you want coverage to start. _____

I understand and agree to provide documents to prove what I have stated. **I understand and agree that the information I have given may be verified by federal, state and local officials or other persons and organizations. If I have given incorrect information, my application may be denied and I may be charged with giving false information.** I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules in the penalty warning. **I certify under penalty of perjury that my answers, including those concerning citizenship or alien status, are correct and complete for all persons applying for benefits.**

Signature of person filling out this form _____ Date _____ BFI-CC0001 (4/05)

Who is eligible for this insurance?

- Children and teens age 18 and under, and pregnant women with gross monthly family income at or below the amount listed on this chart. Assets are not counted.
- Parents living with their children and teens age 18 and under with monthly family income at or below the amount listed on this chart, and with certain assets of \$2000 or less.

Family Size Effective 10/01/06	18 & under Pregnant women Parents with children 18 & under
1	\$1634
2	\$2200
3	\$2767
4	\$3334
5	\$3900
6	\$4467

Note: Even if your family income is above the amount on the chart, you are encouraged to apply. Certain expenses may be taken out of your income.

How much does it cost?

- There is no cost for most families. Some families must pay a small monthly premium for their children's coverage. Premiums are between \$8 and \$64.00 a month. Some parents must pay a small co-payment for services.

How do I apply?

- For children, teens or pregnant women, fill in boxes 1-10 only on the attached application. Sign and date (box 12).
- For parents applying for themselves along with their children and teens, fill in box 11, plus boxes 1-10 on the attached application. Sign and date (box 12).
- Mail or drop off the attached application to the Department of Health and Human Services nearest you. No interview is necessary.

How can I get more information or help filling out an application?

- Call the Department of Health and Human Services toll-free at: **1-877-KIDS NOW (1-877-543-7669).**
- Visit <http://www.maine.gov/dhhs/OIAS/services/cubcare/CubCare.htm>
- Call Consumer Assistance HelpLine toll-free and TDD/TTY at: **1-800-965-7476**

Department of Health and Human Services Offices

PORTLAND	161 Marginal Way Portland, ME 04101-2438 822-2071 / 1-800-482-7520 TDD/TTY 1-888-720-1925
SANFORD	890 Main Street, Suite #208 Sanford, ME 04073-3800 490-5418 / 1-800-482-0790 TDD/TTY 1-800-606-0215
BIDDEFORD	208 Graham Street Biddeford, ME 04005-3350 286-2430 / 1-800-322-1919 TDD/TTY 1-800-606-0215
LEWISTON	200 Main St Lewiston, ME 04240-7098 795-4394 / 1-800-482-7517 TDD/TTY 1-800-606-0215
NORWAY / SOUTH. PARIS	243 Main Street Suite #6 So. Paris, ME 04281-1620 744-1250 / 1-888-593-9775 TDD/TTY 1-800-606-0215
FARMINGTON	114 Corn Shop Lane Farmington, ME 04938 1-800-442-6382 TTD/TTY 1-800-606-0215
AUGUSTA	35 Anthony Avenue, Augusta, ME 04333-0011 624-8090 / 1-800-452-1926 TDD/TTY 1-800-606-0215
ROCKLAND	91 Camden Street Suite 103 Rockland, ME 04841 596-4217 / 1-800-432-7802 TTD/TTY 1-800-606-0215
SKOWHEGAN	98 North Avenue, Suite 10 Skowhegan, ME 04976-1996 474-4848 / 1-800-452-4602 TDD/TTY 1-800-606-0215
BANGOR	396 Griffin Rd. Bangor, ME 04401-3095 561-4333 / 1-800-432-7825 TDD/TTY 1-800-606-0215
ELLSWORTH	17 Eastward Lane Ellsworth, ME 04605-1718 667-1656 / 1-800-432-7823 TDD/TTY 1-800-606-0215
MACHIAS	13 Prescott Drive Machias, ME 04654-9984 255-2027 / 1-800-432-7846 TDD/TTY 1-800-606-0215
CALAIS	392 South Street Calais, ME 04619-1108 454-9020 / 1-800-622-1400 TDD/TTY 1-800-606-0215
HOULTON	11 High Street Houlton, ME 04730-2012 532-5085 / 1-800-432-7338 TDD/TTY 1-800-606-0215
CARIBOU	30 Skyway Drive, Unit 100 Caribou, ME 04736-2060 493-4050 / 1-800-432-7366 TTY/TDD 1-800-606-0215
FORT KENT	137 Market Street Fort Kent, ME 04743-1447 834-7770 / 1-800-432-7340 TDD/TTY 1-800-606-0215

Non-Discrimination Notice

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age, or national origin, in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act and Executive Order Regarding State of Maine Contracts for Services. Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to DHHS' ADA Compliance/EEO Coordinators, State House Station #11, Augusta, Maine 04333, 207-287-4289 (V), 207-287-3488 (V), 1-800-606-0215 (TTY). Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinators. This notice is available in alternate formats, upon request.