

## STEP 2: PERSON #

(Please list additional individual as person 2, 3, 4 and so on)

Complete Step 2 for your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. See page 1 for more information about who to include. If you do not file a tax return, remember to still add family members who live with you.

1. LEGAL NAME (First Name, Middle name, Last Name, & Suffix) \_\_\_\_\_ 2. Relationship to you? \_\_\_\_\_

3. Date of birth (mm/dd/yyyy) \_\_\_\_\_

4. Sex:  Male  Female

5. U.S. Veteran:  Yes  No  Unknown

6. Does this person live at the same address as you?  Yes  No **If no**, list address \_\_\_\_\_

7. Social Security Number (SSN) \_\_\_\_\_. **We need this for any individual who wants health coverage and has an SSN.**

If he/she doesn't have a number have you applied for one?  Yes  No. **If no**, reason: \_\_\_\_\_

8.  Check here if you are a member of an American Indian or Alaska Native federally recognized tribe, and fill out Appendix B.

9. **If Hispanic/Latino, ethnicity (OPTIONAL – check all that apply.)**

Mexican  Mexican American  Chicano/a  Puerto Rican  Cuban  Other \_\_\_\_\_

10. **Race (OPTIONAL – check all that apply.)**

White  American Indian or Alaskan Native  Filipino  Vietnamese  Guamanian or Chamorro  
 Black or African American  Asian Indian  Japanese  Other Asian  Samoan  
 Chinese  Korean  Native Hawaiian  Other Pacific Islander  
 Other \_\_\_\_\_

11. Does this person need health coverage? (Even if he/she has insurance, there may a program with better coverage or lower costs.)

**YES. If yes**, answer all the questions below.  **NO. If no**, SKIP to the income questions on page 5. Leave the rest of this page blank.

12. Is this person a U.S. Citizen or U.S. National?  Yes  No. If U.S. National verification document:  Cert. of Naturalization or Citizenship  Passport  I-551 (Permanent Resident Card)

13. If this person is not a U.S. Citizen or U.S. National, does he/she have eligible immigration status?

Yes. Date of entry: \_\_\_\_\_ Fill in the document type an ID Number below.  
a. Immigration document type \_\_\_\_\_ Document ID number \_\_\_\_\_  
b. Has he/she lived in the U.S. since 1996?  Yes  No  
c. Is he/she or his/she spouse or parent a veteran or an active-duty member of the U.S. Military?  Yes  No  
d. If he/she is in the U.S. for less than 5 years please enter immigrant status (refugee, asylee, etc) \_\_\_\_\_

14. Is this person pregnant?  Yes  No

If yes how many babies are expected during this pregnancy? \_\_\_\_\_ What is the expected due date? \_\_\_\_\_

15. Has this person recently lost health insurance coverage?  Yes  No If yes, date of loss: \_\_\_\_\_ Reason: \_\_\_\_\_

16. If this person is under age 18, is a parent an employee for the state of Missouri?  Yes  No

17. Is this person a woman between the ages of 18 and 56 and in need of family planning services (birth control, STD screen, etc.)?  Yes  No

18. Does he/she live with at least one child under the age of 19, and is he/she the main person taking care of this child?  Yes  NO

19. Did the person have insurance through a job and lose it within the past 3 months?

Yes  No **If yes**, end date: \_\_\_\_\_ b. Reason the insurance end: \_\_\_\_\_

20. Is this person a full-time student?  Yes  No

**If yes**, type of school (high school, college, etc.) \_\_\_\_\_ What is the expected graduation date? \_\_\_\_\_

21. Was this person in foster care at age 18 or older?  Yes  No

22. **Does this person plan to file a federal income tax return NEXT YEAR?**

(This person can still apply for health insurance even if he/she do no file a federal income tax return.)

**Yes. If yes**, please answer questions a-c.  **No. If no**, skip to question c.

a. Will this person file jointly with a spouse?  Yes  No

**If yes**, name of spouse: \_\_\_\_\_

b. Will this person claim any dependents on your tax return?  Yes  No

**If yes**, name(s) of dependents: \_\_\_\_\_

c. Will this person be claimed as a dependent on someone else's tax return?  Yes  No

**If yes**, name(s) of tax filer: \_\_\_\_\_

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**Current Job & Income information**

<input type="checkbox"/> <b>Employed</b> If this person is currently employed, tell us about his/her income. Start with Question 22.	<input type="checkbox"/> <b>Not Employed</b> Skip to question 34.	<input type="checkbox"/> <b>Self-employed</b> Skip to question 33.
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**Current Job 1:**

23. Employer name and address _____	24. Employer phone number _____
25. Wages/tips (before taxes) <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ _____	
26. Average hours worked each WEEK _____	27. Job start date: _____

**Current Job 2:**

28. Employer name and address _____	29. Employer phone number _____
30. Wages/tips (before taxes) <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ _____	
31. Average hours worked each WEEK _____	32. Job start date: _____
33. <b>In the past year</b> , did this person: <input type="checkbox"/> Change jobs <input type="checkbox"/> Stop working <input type="checkbox"/> Start working fewer hours <input type="checkbox"/> None of these	

34. **If self-employed**, answer the following questions:

Type of work _____	b. How much net income (profits once business expense are paid) will this person get from self-employment this month? \$ _____
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35. **OTHER INCOME THIS MONTH:** Check all that apply, and give the amount and how often this person gets the income.  
**NOTE:** Income types including child support, veteran's benefits, gifts Supplemental Security Income (SSI), American Indian/Alaskan Payments, and educational assistance do not count for certain types of MO HealthNet Assistance. Only tell us about these types of income if you are applying for someone who is age 65 or older, or who has a disability.

- |  |  |                          |
|--|--|--------------------------|
| <input type="checkbox"/> None                | <input type="checkbox"/> Alimony received    | \$ _____ How often? ____ |
| <input type="checkbox"/> Unemployment        | <input type="checkbox"/> Net Farming/fishing | \$ _____ How often? ____ |
| <input type="checkbox"/> Pensions            | <input type="checkbox"/> Net rental/royalty  | \$ _____ How often? ____ |
| <input type="checkbox"/> Social Security     | <input type="checkbox"/> Other income        | \$ _____ How often? ____ |
| <input type="checkbox"/> Retirement accounts | <input type="checkbox"/> Type _____          |                          |

36. **DEDUCTIONS:** Check all that apply, and give the amount and how often this person pays the deduction.  
 If this person pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

**NOTE:** do not include a cost that is already considered in this person's answer to net self-employment (question 26b).

- |  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> Alimony Paid          | \$ _____ How often? ____ | Other deductions                    | \$ _____ How often? ____ |
| <input type="checkbox"/> Student loan interest | \$ _____ How often? ____ | <input type="checkbox"/> Type _____ |                          |

37. **YEARLY INCOME:** Complete only if income changes from month to month.  
 If this person does not expect changes to monthly income, skip to the next person.



This person's total income <b>this year</b>	This person's total income <b>next year</b> (if he/she think it will be different)
\$ _____	\$ _____

**Thanks! This is all we need to know about this person.**

If you have more than two people to include, make a copy of pages 4 and 5 to complete for each additional individual.