

FLORIDA KIDCARE: CHILD HEALTH INSURANCE YOU CAN AFFORD!

Florida KidCare Application

CECTION 1 DADENT (OD CHADDIAN) INCODMATION

	ENT (OR GUARDIAN) INFORMATION					
List only parents or PARENT ONE:	guardians now living in the household. "Parent One" should be the person who will receive mail. Name: I Last Sex (M, F) Date of Birth (M/D/Year)					
	Social Security Number					
	Street Address:					
Number	Street Apt. Number					
	City State Zip Code County					
	Mailing Address					
(if different fro	om street address): Number Street Apt. Number					
	City State Zip Code County					
	Home Telephone Emergency Contact Telephone					
	Work Telephone Name of Employer					
	Work receptions					
PARENT TWO (if	living in household):					
	Name:					
	First M.I. Last Sex (M, F) Date of Birth (M/D/Year)					
	Social Security Number					
	Work Telephone Name of Employer					
SECTION 2. CHI	LD INFORMATION					
	for more than three children, attach another piece of paper. Do not send another application for the additional children.					
If you are applying	for an unborn child, write "unborn" in the Name blocks and leave Date of Birth and Social Security Number blank.					
CHILD ONE:	Name:					
	Social Security Number U.S. Citizen Yes No If No, date of entry into U.S.					
	Relationship to Parent One: Child Stepchild Other					
	Relationship to Parent Two: Child Stepchild Other					
	Does this child have health insurance? Yes No If Yes, name of insurance company					
	Does this child have a medical or developmental condition expected to last more than 12 months? Yes No					
CHILD TWO:	Name: Sex (M, F) Date of Birth (M/D/Year)					
	Social Security Number U.S. Citizen Yes No If No, date of entry into U.S.					
	Relationship to Parent One: Child Stepchild Other					
	Relationship to Parent Two: Child Stepchild Other					
	Does this child have health insurance? Yes No If Yes, name of insurance company					
	Does this child have a medical or developmental condition expected to last more than 12 months? Yes No					
CHILD THREE:	Name: Sex (M, F) Date of Birth (M/D/Year)					
	Social Security Number U.S. Citizen Yes No If No, date of entry into U.S.					
	Relationship to Parent One: Child Stepchild Other					
	Relationship to Parent Two: Child Stepchild Other					
	Does this child have health insurance? Yes No If Yes, name of insurance company					
	Does this child have a medical or developmental condition expected to last more than 12 months? Yes No					

IF YOU HAVE QUESTIONS, CALL 1-888-540-KIDS. THIS CALL IS FREE.

SECTION 3. HOUSEHOLD INFORMAT	ION							
1. In the last 30 days: did you move to Florida? Yes No did you adopt one of the children listed above? Yes No								
did you lose health insurance for a child listed above?								
2. If you are applying for an unborn child, what is the due date?								
3. Are you adding a child to an existing Florida KidCare account? Yes No								
4. Number of adults living in your household: Number of children: Total:								
Answer the following question only if you think you are eligible for Medicaid:								
5. Do your children have any unpaid medical bills from the past three months?								
SECTION 4. INCOME WORKSHEET List all income received by parents and child show the amount of income before deduction (Write in the monthly amount for each kind	ons. Use an extr	ra sheet if needd	ed. If you need	help filling this (out, call toll-free 1-888			
MONTHLY INCOME BEFORE TAXES								
NAMES	Monthly Income from Work	Monthly Child Support	Monthly Social Security	Monthly SSI	Monthly workers' co pension, retiremer unemployment, oth	nt, (Add up for		
			Total Mont	hly Household I	ncome (Add all TOTA	LS.)		
SECTION 5. DAY CARE Below, list the payments made for child care (or care for an adult with disabilities) so that someone in your household can work. Name of Person Name of Person Under age 2? Monthly Amount of								
Who is Working			In Care		Yes/No	Child Care Payment		
SECTION 6. MONTHLY PREMIUMS There is no monthly cost for KidCare Medicaid (Medicaid for children). There is a minimum \$15 monthly premium for MediKids, Healthy Kids, and Children's Medical Services Network. Unless you are applying for Medicaid only, we suggest you send a check or money order for \$15 with this application, to avoid delaying your child's coverage. If you are denied coverage or are approved for Medicaid, the \$15 will be refunded.								
SECTION 7. CERTIFICATION AND AI I certify that the information provided on confidential in accordance with Florida and determining eligibility and for research. I be requested to provide other information SIGNATURE OF PARENT OR GUAR	this application i d federal law. I a understand the i . I have read an	s true and corre authorize the re nformation I pro nd understand n	lease of persona ovide will be ver ny rights and res	l, financial, and ified, which may	medical information for y include computer file hey apply to the Medi	or the purpose of matching and that I may		
A check or money order for \$15 made paya				No				
Mail to: Florida KidCare, P.O. Box 980, Tallahassee FL 32302								
What language do you prefer to receive materials? (check one) English Spanish Creole								
Where did you hear about Florida KidCare? School Friend/Family TV/Radio Newspaper Health Care Provider								
Other								
This application is available on-line at www.floridakidcare.org								

Fl rida KidCare k

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 will be given to other government agencies to get information needed to prove eligibility.

Lagree 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: collect payments from anyone who is supposed to pay for that care; and share medical information on my children with any insurance company to get the medical bills paid.

P.O. BOX 980

TALLAHASSEE, FL 32302-0980

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.

August 01

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FLORIDA KIDCARE



HEALTH INSURANCE FOR



WWW.FLORIDAKIDCARE.ORG
1-888-540-KIDS

Good news for Florida's families!

Your child may be eligible for health insurance through Florida KidCare, even if one or both parents are working. Getting health insurance for your children before they get sick is very important. Children need to have regular check-ups to make sure they are growing strong and healthy. Healthy children do their best at school and play.

What is Florida KidCare?

Through Florida KidCare, the State of Florida offers

health insurance for uninsured children from birth through age 18. It includes

four different parts, or programs.

When you apply for the insurance, the KidCare office will check which program your child may be eligible



for based on age and family

Healthy Kids: for children ages 5 through 18

Children's Medical Services Network: for children from birth through 18 who have special health needs or ongoing medical conditions.

Medicaid: for children from birth through 18.

How do I apply?

It's easy. Fill out the simple Florida KidCare application form and mail it as soon as possible. Some programs may have limited space. Applications are accepted on a first-come, first-served basis. If you would like an application, call 1-888-540-KIDS.

- A parent's social security number on the application is optional.
- An application will not be denied if you check the box that asks if a child has a medical or developmental condition expected to last more than 12 months.
- A child who is a member of a federally recognized American Indian or Alaskan Native tribe may qualify for no-cost KidCare coverage. Call 1-888-540-KIDS for more information.

How much do I pay each month for coverage?

- There is no charge for KidCare Medicaid (Medicaid for children).
- For other Florida KidCare programs, monthly premiums depend on your household's size and income. Most families pay \$15.
 If you need to pay more, we will let you know.
- You may have to pay small charges or co-payments for some services.

What services are covered?

Here are some services Florida KidCare covers:

- doctor visitssurgeryvision
- check-ups & shotsprescriptionshearingemergenciesmental health

What happens after I send in the application?

Within one week, we will mail a notice that we received your application. It will take several weeks to process the application. We will check to see if your children might be eligible for Medicaid. If your children are eligible for Medicaid, you will receive more information. If any of your children are eligible for the other Florida KidCare programs, we will let you know.

When does coverage start?

- If your children qualify for Medicaid, coverage begins in the month your application is <u>received</u>. Medicaid may also pay for some medical services your children have already received.
- Coverage for MediKids, Healthy Kids and Children's
 Medical Services Network begins after the
 application is <u>processed</u> and <u>approved</u>. We will let
 you know when the insurance begins. These Florida
 KidCare programs will not pay for medical services
 your children received before the starting date.

Where will my children get medical care?

All Florida KidCare programs use selected doctors 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.

Need help with child support?

Call 1-800-622-5437. This is a free call.

