



Health First Colorado Out of State Former Foster Care Youth Form

Did you receive Former Foster Care Medical Assistance on your 18th birthday while living in a state other than Colorado **and** turn 18 on or after January 1, 2023? Yes No

If you answered yes, please fill out the rest of this form. You do not need to fill out the full medical assistance application unless you are applying with other members in your household. If you are applying with other members of your household, include this form with the application.

If you answered no, do not fill out this form, fill out a full Medical Assistance application.

Name	Date of Birth (mm/dd/yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone Number	Cell Phone Number	Social Security Number	
Address (Number, Street)	City	State	Zip Code
Mailing Address (if different) (Number, Street)	City	State	Zip Code
Email Address			

1. What was your name while in Foster Care outside of Colorado? Please list all names you have used in the past. _____
2. In what state were you in Foster Care when you turned 18? _____
3. How old were you when you left foster care? _____
4. What is the date that you left Foster Care, if known?

5. What is the date that you most recently became a Colorado resident?

6. Were you adopted? Yes No
 - a. If you were adopted, did you return to foster care after the adoption? Yes No
 - b. If yes, when? _____
7. Do you need help paying for medical bills from the last 3 months? Yes No If yes, what month(s)?

I declare under penalty of perjury under the laws of the State of Colorado that the answers I have given in this application are true and correct to the best of my knowledge and belief.

Signature	Date
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By checking this box, I agree to allow my information to be used and collected for the purpose of Medical assistance and health insurance eligibility determinations from data sources, including information from federal tax returns that I may supply. I consent to allowing the collection of information about me from data sources for this application.

When you have completed this form, you can turn it into your local county social services office in person, by fax, or by mail. You may also be able to apply over the phone by calling your local county social services office. You can find the nearest office online: <https://cdhs.colorado.gov/our-partners/counties/contact-your-county-human-services-department>.

If you move out of state, you may still qualify for medical benefits in your new state, but you will have to apply for benefits in the new state.

This form is for receiving benefits through Department of Health Care Policy and Financing. The information you provide on it is private and confidential. The Department needs it to identify you and to provide benefits. We only share your information with other state, federal, and local agencies; contractors, health plans, and programs when we are required to by law, and to see if you qualify.

You must answer all of the questions on this form. If your form is missing anything we need, we will try to contact you to get it. If you do not provide it, we may not be able to find out if you qualify. Your application for benefits may be denied if you don't provide all the information we need.

What I Should Know - Rights & Responsibilities

- I am signing this form under penalty of perjury. That means that I have provided true answers to all the questions on this form to the best of my knowledge. Also, I understand that I may receive penalties under federal law if I provide false or untrue information.
- I will immediately notify the State of any medical claim or lawsuit I have. I will cooperate with the State in collecting the medical bills the State has paid. The State may collect from any insurance company or court settlement for medical bills that the State has paid. If I am on Health First Colorado and receive money for the same medical bills that the State has paid, I will give the money to the State. I assign to the State all rights to payment for medical expenses and treatments.
- I know I am responsible for keeping my information up to date. I understand I must report any changes to the information I have provided within 10 days of the change. I understand changes I report might affect whether someone in my household qualifies for health care coverage. I can report changes online at CO.gov/PEAK or through my county office or organization that assists me.
- The information the Department collects, and processes will be used to decide if I and members of my household qualify for health care coverage. The Department's authority to collect, process and verify my information comes from the Patient Protection and Affordable Care Act and the Social Security Act. I understand that if I do not qualify for Medicaid or Child Health Plan Plus, the Department will share my information with Connect for Health Colorado so they can see if I qualify.
- I know that under federal law and state law, discrimination is not permitted on the basis of race, color, ethnic or national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs, disability, or marital status. I can file a complaint of discrimination by visiting: <https://hcpf.colorado.gov/nondiscrimination-policy> and <https://www.hhs.gov/ocr/filing-with-ocr/index.html>.
- If I think Health First Colorado/Child Health Plan Plus (CHP+) has made a mistake, I can appeal the decision. Appeal means I tell a county or state office that I disagree with a decision, and I want a hearing. I have the right to represent myself at my appeal hearing. I may also choose a lawyer, relative, friend, or any other person to act as my authorized representative. The Department will tell me in writing (Notice of Action) how to make an appeal.

Privacy Statement

Connect for Health Colorado ("the Marketplace") and the Department of Health Care Policy and Financing will keep the information you provide private, as required by law. However, if you chose to apply for assistance, the Marketplace and Department of Health Care Policy and Financing can use or share your household information with other program(s). The information can only be used for purposes of insurance coverage, treatment, payment, determining eligibility, and other program and administrative operations or other purposes permitted by law. Assistance programs will check your answers using information in our electronic databases and the databases of partner agencies. If the information does not match, we may ask you to send us proof.

You will be asked to provide only the minimum information necessary to determine eligibility for assistance and relevant health plan options, as applicable. As part of the process, we will communicate with you or your authorized representative, and then provide the information to the health plan you select so that they can enroll those who are eligible in a qualified health plan or an insurance affordability program.

Demographic information on race and ethnicity will be shared with health insurance carriers by the Marketplace only for the purpose of determining your eligibility for benefits that are applicable to certain ethnic groups.

Health insurance carriers can no longer deny coverage based on your health status. If you are seeking assistance, we may ask you screening questions about your medical history to help us determine which assistance programs you are eligible for. This information is not used to determine your insurance rates. Household members who do not want insurance will not be asked questions about citizenship or immigration status.

Important: The Marketplace and the Department of Health Care Policy and Financing are authorized to collect information on the application, including Social Security numbers, and will confirm information that may affect initial or ongoing eligibility for all persons listed on your application. You are allowing the Marketplace and the Department of Health Care Policy and Financing to use Social Security numbers and other information from your application to request and receive information or records to confirm the information in your application; if you apply for other public assistance programs, the Department of Human Services may use this information as well. You release the Marketplace and the Department of Health Care Policy and Financing from all liability for sharing this information with other agencies for this purpose. For example, the Marketplace and the Department of Health Care Policy and Financing may receive from and/or share your information with any of the following agencies: Social Security Administration; Internal Revenue Service; United States Customs and Immigration Services; Department of Homeland Security; Centers for Medicare and Medicaid Services; Colorado Department of Labor and Employment; financial institutions (banks, savings and loans, credit unions, insurance companies, etc.); child support enforcement agencies; employers; courts; and other federal or state agencies. We need this information to check your eligibility for health insurance or help paying for health insurance and to give you the best service possible if you choose to apply.

The Marketplace and the Department of Health Care Policy and Financing will also use the information you provide as part of the ongoing operation of both agencies, including activities such as reporting on and managing the insurance affordability programs for eligible individuals, performing oversight and quality control activities, combating fraud, and responding to any concerns about the security or confidentiality of the information. We will use the information you provide for our internal business purposes only, and we will not sell or trade it.

You have the right to see certain information we have about you. You may also have the right to have this information corrected if we have any incorrect information on file.

Protection of your data: Connect for Health Colorado and the Department of Health Care Policy and Financing have significant protections in place to ensure the privacy of your personal information.

To review the full privacy policy for Connect for Health Colorado please visit: connectforhealthco.com/privacy-policy/

To review the full privacy policy for the Department of Health Care Policy and Financing please visit: <https://hcpf.colorado.gov/health-insurance-portability-and-accountability-act-hipaa-0>