

Medical Assistance Additional Information Form

First Name: _____

Last Name: _____

Case ID: _____

1. Tell us about your **spouse**:

Or check **Not married**. If divorced, tell us when the divorce was finalized: _____

First and middle name	Last Name	Date of birth	Social Security number

2. Tell us about any **income** for everyone in your household, even if they are not applying for health coverage. Provide proof for each type of income household members have. Send copies. Do not send originals.

Or check **No Income**

Examples of **types of income** include:

- Employment income (job)
- Railroad retirement
- Rental income
- Survivor benefit
- Retirement or pension
- Social Security benefit
- Self-employment
- Supplemental Security Income
- Social Security Disability Insurance
- Veterans benefit
- Veteran widow benefit
- Child support
- Dividends or interest
- Alimony (Note: Only include for divorces finalized before January 1, 2019)
- Unemployment
- Worker's compensation
- Disability benefit
- Financial aid
- Other cash received each month

Name of person receiving income	Type of income	How often do they get this income?	Amount before taxes and deductions (gross amount)	If income is from a job, check all that apply
		<input type="checkbox"/> Daily <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$	<input type="checkbox"/> Seasonal job <input type="checkbox"/> Job with commission or tips <input type="checkbox"/> Neither
		<input type="checkbox"/> Daily <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$	<input type="checkbox"/> Seasonal job <input type="checkbox"/> Job with commission or tips <input type="checkbox"/> Neither
		<input type="checkbox"/> Daily <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$	<input type="checkbox"/> Seasonal job <input type="checkbox"/> Job with commission or tips <input type="checkbox"/> Neither
		<input type="checkbox"/> Daily <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$	<input type="checkbox"/> Seasonal job <input type="checkbox"/> Job with commission or tips <input type="checkbox"/> Neither
		<input type="checkbox"/> Daily <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$	<input type="checkbox"/> Seasonal job <input type="checkbox"/> Job with commission or tips <input type="checkbox"/> Neither

3. Tell us about **resources** anyone in your household owns, even if they are not applying for health coverage. Provide proof for each type of resource household members have. Send copies. Do not send originals.

Or check **No resources**
 Examples of **resources include:**

- Cash
- Checking and savings accounts
- Certificates of deposits (CDs)
- Annuities
- Mutual funds
- Inheritance

- PASS accounts
- Individual development accounts
- Retirement accounts
- Stocks
- Bonds
- Trusts
- Promissory notes

- College funds
- Education accounts
- Property (land, homes)
- Proceeds from sale of home(s)
- ABLE accounts

Owner's name	Jointly owned?	Type of resource	Account number	Amount	Name of financial Institution
	<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			\$	

4. Tell us about **property** anyone in your household owns or is buying, even if they are not applying for health coverage.

Or check No **property**

Examples of **property** include:

- House
- Rental property
- Timeshare
- Warehouse
- Empty lot
- Land

Owner's name	Jointly owned? (Owned with someone else)	Full address of property	Type of property	Value	Amount owed?
	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$

5. Tell us about **vehicles** anyone in your household owns or is buying, even if they are not applying for health coverage.

Or check **No vehicles**

Examples of **vehicles** include:

- Car
- Truck
- SUV
- Van
- ATV
- Boat
- Trailer
- RV

Owner(s)	Jointly owned? (Owned with someone else)	Type of vehicle	Year	Make and model	Value	Amount owed?
	<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				\$	\$

6. Tell us about **life insurance policies** anyone in your household owns, even if they are not applying for health coverage.

Or check **No life insurance**

Owner's name	Policy number	People covered	Insurance company	Face value	Cash value
				\$	\$
				\$	\$
				\$	\$
				\$	\$

7. Tell us about **burial policies** anyone in your household owns, even if they are not applying for health coverage.

Or check **No burial policies**

Owner's name	Amount	Is it irrevocable (can't be canceled)?	Name of institution or person holding the money
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Tell us if anyone in your household has **given away** anything of value within the last 5 years, even if they are not applying for health coverage.

Or check **Nothing of value has been given away within the last 5 years.**

Examples include:

- Home • Cash • Vehicles • Land

Person who gave item away	Item given away	Date given away	Value of item	Amount owed
			\$	\$
			\$	\$
			\$	\$

List of proof to send

Provide proof for each type of income and resource household members have. Send copies. Do not send originals.

Proof of income for this month's or last month's

- Income from a job: A pay stub or letter from the employer.
- Income from self-employment: A profit and loss statement, business ledger, contract, or bank statement.
- Unearned income from unemployment, Social Security, alimony (Note: Only include for divorces finalized before January 1, 2019), or spousal support: An award letter or copy of your pension or retirement account statement that shows the monthly amount.

Proof of resources for this month's or last month's

- Bank accounts: A bank statement for all accounts.
- Trust accounts: The trust document and the account statement.
- Annuity: The whole contract and a statement that shows the monthly income it provides.
- Life insurance/burial policy: The policy that shows the type of policy and the cash value, if it has one.
- Real estate property: The deed or title for any properties you own that are not a primary residence (where you live most of the time).
- Vehicle: Vehicle registration.

Signature and Certification:

By signing this form I am giving my permission to the State of Colorado and its designees to make contacts to verify the information given within this form. Under penalty of perjury I certify all information I have given is true and correct.

Print name: _____ Phone number: _____

Signature: _____ Date: _____

Authorized representative, conservator, guardian or other contact if you have one:

Print name: _____ Phone number: _____

Signature: _____ Date: _____