

Worksheet J

Work Requirements



You are applying for Health First Colorado (Colorado's Medicaid program). Some Health First Colorado members must complete specific work requirements, also known as community engagement requirements, to receive or keep their coverage.

This worksheet shows us if you need to complete work requirements. **Please answer all the questions in this worksheet.** If you need to add more information please make a copy of this worksheet.

Section 1: Tell us about yourself

Caregivers

1. Are you responsible for caring for a child aged 13 or younger? Yes No
2. Are you responsible for caring for someone who has a disability? Yes No

Pregnant People

3. Are you currently pregnant or were you pregnant within the last 12 months? Yes No

People with Disabilities or Medical Conditions

4. Are you receiving Supplemental Security Income (SSI) and/or Social Security Administration (SSA) income, such as Social Security Disability Insurance (SSDI) or Social Security Retirement (SSR)? Yes No
5. Are you a veteran with a service-connected disability that the U.S. Department of Veterans Affairs has determined to be total and permanent? Yes No
6. Do you have a physical or intellectual disability, mental health condition, or other special medical need that makes it hard or impossible for you to work? Yes No
7. Are you medically frail? A medically frail person has significant health needs, such as a disability, serious mental health condition, substance use disorder, or other complex medical condition that limits daily functioning or requires ongoing medical care.
 Yes No
8. Are you blind? Yes No
9. Are you in treatment or rehab for a mental health or substance use disorder? Yes No

Specified Excluded People

10. Are you 18 or **younger**? Yes No
11. Are you 65 or **older**? Yes No
12. Do you qualify for Medicare Part A or Part B? Yes No
13. Are you living in a jail, prison or other correctional facility now or in the past three months? Yes No
14. Are you living in a hospital, nursing home or other long-term care facility now or in the past three months? Yes No
15. Are you receiving long-term care services (for example, in a nursing home or through home-based care)? Yes No
16. Are you a member of a federally recognized American Indian or Alaska Native tribe? Yes No
17. Have you applied for, or are you already receiving, Supplemental Nutrition Assistance Program (SNAP) or Colorado's Temporary Assistance for Needy Families (TANF) benefits? Yes No

Short-Term Hardship Exemptions

18. Are you currently hospitalized or receiving inpatient psychiatric or medical care? Yes No
19. Are you affected by a declared natural disaster, emergency, or living in an area with high unemployment? Yes No
20. Are you traveling for medically necessary treatment for yourself or a dependent with a serious condition? Yes No



Worksheet J

Work Requirements (ctd.)

Section 2: Work Requirements

You can comply with work requirements by either completing 80 hours of approved activities, or earning at least \$580 from paid work.

1a. If you are **applying** for Health First Colorado coverage for the first time, **in the calendar month before you submitted your application**, did you earn at least \$580 or spend at least 80 hours working, going to school, job training, participating in a work program, volunteering, or a combination of these activities? Yes No

1b. If you are **renewing** your Health First Colorado coverage, **in at least one of the previous six calendar months**, did you earn at least \$580 or spend at least 80 hours, going to school, job training, participating in a work program, volunteering, or a combination of these activities? Yes No

If you answered “yes,” for either 1a or 1b, you must provide the details in the table below. **If you answered “no”** for either 1a or 1b, skip the table and go to the “Signature” section.

Job title <i>(See example)</i>	Type of business	Dates worked <i>(Month/day/year)</i>		Hours per day	Days per week	Rate of pay <i>(Per hour, day, week, month or year)</i>	
		From	To				
<i>Example: Cook</i>	<i>Restaurant</i>	<i>Nov 1 2025</i>	<i>Nov 30 2025</i>	<i>8</i>	<i>5</i>	<i>\$7.25</i>	<i>Hour</i>

Name of school, job training, work program, volunteer program <i>(see example)</i>	Type of school, job training, work program, volunteer program	Dates covered <i>(Month/day/year)</i>		Hours per month
		From	To	
<i>Example: Humane Colorado</i>	<i>Volunteer program</i>	<i>Nov 1 2025</i>	<i>Nov 30 2025</i>	<i>40</i>

If you answered “yes” to any of the questions in this worksheet, you may receive a letter asking for proof of the information you provided. Please respond to all letters we send you by the deadline in the letter.

Signature

I certify, under penalty of perjury, that the information I have provided on this form is true and complete to the best of my knowledge. I understand that I may be required to provide documentation or verification of the hours or exemption claimed, and that failure to complete the required number of hours (or to qualify for an exemption) may affect my Health First Colorado benefits.

Applicant’s Printed Name

Applicant’s Signature

Date (mm/dd/yyyy)