

STEP 2: PERSON ☐

Complete step 2 for yourself, 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. First name, Middle name, Last name, & Suffix		2. Relationship to you?
3. Date of birth (mm/dd/yyyy)	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Social Security Number (SSN) _____ - _____ - _____ We need this if you want health coverage and have an SSN.		
6. Does this PERSON live at the same address as you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , list address: _____		
7. Does THIS PERSON plan to file a federal income tax return NEXT YEAR? (You can still apply for health insurance even if you do not file a federal income tax return.) <input type="checkbox"/> YES. If yes , please answer questions a–c. <input type="checkbox"/> NO. If no , skip to question c. a. Will this PERSON file jointly with a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , name of spouse: _____ b. Will this PERSON claim any dependents on his or her tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , list name(s) of dependents: _____ c. Will this PERSON be claimed as a dependent on someone's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please list the name of the tax filer: _____ How is THIS PERSON related to the tax filer? _____		
8. Is this PERSON pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes , how many babies are expected during this pregnancy? _____		
9. Does THIS PERSON need health coverage? (Even if they have insurance, there might be a program with better coverage or lower costs.) <input type="checkbox"/> YES. If yes , answer all the questions below. <input type="checkbox"/> NO. If no , SKIP to the income questions on page 5. Leave the rest of this page blank.		
10. Does this PERSON have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc) or live in a medical facility or nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Is this PERSON a U.S. citizen or U.S. national? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. If THIS PERSON is not a U.S. citizen or U.S. national, do they have eligible immigration status? <input type="checkbox"/> Yes. Fill in their document type and ID number below. a. Document type _____ b. Document ID number _____ c. Has this PERSON lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Is this PERSON, or their spouse or parent a veteran or an active duty member in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Does this PERSON want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Does this PERSON live with at least one child under the age of 19, and are they the main person taking care of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Was this PERSON in foster care at age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following questions if this PERSON is 22 or younger:

16. Did this PERSON have insurance through a job and lose it within the past 3 months? ☐ Yes ☐ No
a. **If yes**, end date: _____ b. Reason the insurance ended: _____

17. Is this PERSON a full-time student? ☐ Yes ☐ No

18. If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.)

☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other _____

19. Race (OPTIONAL—check all that apply.)

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander
			<input type="checkbox"/> Other _____	

Now, tell us about any income from this PERSON on the back

STEP 2: PERSON ☐**Current Job & Income Information**☐ **Employed**

If you are currently employed, tell us about your income. Start with question 20.

☐ **Not employed**

Skip to question 30.

☐ **Self-employed**

Skip to question 29.

CURRENT JOB 1:

20. Employer name and address _____

21. Employer phone number

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22. Wages/tips (before taxes) ☐ Hourly ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

\$ _____

23. Average hours worked each WEEK _____

CURRENT JOB 2: (If you have more jobs and need more space, attach another sheet of paper.)

24. Employer name and address _____

25. Employer phone number

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26. Wages/tips (before taxes) ☐ Hourly ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

\$ _____

27. Average hours worked each WEEK _____

28. In the past year, did this PERSON: ☐ Change jobs ☐ Stop Working ☐ Start working fewer hours ☐ None of these

29. If self-employed, answer the following questions:

a. Type of work _____

b. How much net income (profits once business expenses are paid) will you get from this self-employment this month?

\$ _____

30. **OTHER INCOME THIS MONTH:** Check all that apply, and give the amount and how often you get it.**NOTE:** You do not need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI).☐ None☐ Unemployment \$ _____ How often? _____☐ Pensions \$ _____ How often? _____☐ Social Security \$ _____ How often? _____☐ Retirement accounts \$ _____ How often? _____☐ Alimony received \$ _____ How often? _____☐ Net farming/fishing \$ _____ How often? _____☐ Net rental/royalty \$ _____ How often? _____☐ Other income \$ _____ How often? _____

Type: _____

31. **DEDUCTIONS:** Check all that apply, and give the amount and how often you get it.

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: You should not include a cost that you already considered in your answer to net self-employment (question 29b).☐ Alimony paid \$ _____ How often? _____☐ Student loan interest \$ _____ How often? _____☐ Other deductions \$ _____ How often? _____

Type: _____

32. **YEARLY INCOME:** Complete only if this PERSON's income changes from month to month.

This PERSON's total income this year

\$ _____

This PERSON's total income next year (if you think it will be different)

\$ _____

THANKS! This is all we need to know about this PERSON.