

MEADE COUNTY APPLICATION FOR MEDICAL ASSISTANCE

County of Residence: _____

Applicant's Full Name: _____

AKA (Also Known As): _____

Maiden Name (if applicable): _____

Address: _____

Telephone Number Home: _____ Work: _____

SSN: _____ DOB: _____

Are there any other Social Security numbers that you have used in the past: Yes No

If yes, please list those numbers: _____

Marital Status (circle one): Married Separated Divorced Single Widowed

If formerly married, list name of former spouse(s), date of marriage, divorce, death or separation: _____

PLEASE COMPLETE SPOUSE INFORMATION IF NOT LEGALLY DIVORCED

Spouse's Full Name: _____

AKA (Also Known As): _____

Maiden Name (if applicable): _____

Address: _____

Telephone Number Home: _____ Work: _____

SSN: _____ DOB: _____

Are there other Social Security numbers that your spouse has used in the past: Yes No

If yes, please list those numbers: _____

SIGNIFICANT OTHER TO WHOM NOT LEGALLY MARRIED

Full Name: _____

AKA (Also Known As): _____

SSN: _____ DOB: _____

PLEASE LIST ALL OTHER HOUSEHOLD MEMBERS FOR WHOM YOU ARE RESPONSIBLE

Full Name: _____

SSN: _____ DOB: _____

Full Name: _____

SSN: _____ DOB: _____

Full Name: _____

SSN: _____ DOB: _____

Full Name: _____

SSN: _____ DOB: _____

Does anyone, besides yourself, claim you as a dependent on their income tax: _____

HISTORY OF RESIDENCE

How long have you lived in this county: _____

Previous address: _____ County: _____

Did you/spouse move to this county for purposes of medical care: Yes No

If yes, please explain: _____

MEDICAL INFORMATION

Was this illness an emergency: Yes No Date of emergency: _____

If yes, please explain: _____

If no, please list date of scheduled service: _____

Has your doctor authorized you to return to work: Yes No

If no, when is your anticipated date of return: _____

Are you a Native American: Yes No Are you a Veteran: Yes No

If you are a Native American, are you an enrolled tribal member: Yes No

If yes, what tribe: _____

If you are a Veteran, are you enrolled with the V.A. Hospital: Yes No

Have you tried or have you been making reasonable payments to the hospital: Yes No

If yes, what was the amount due on the hospital bill: _____

What is the amount of your monthly payment: _____

What amount have you paid on this bill: _____

LEGAL CLAIM INFORMATION

Are you or your spouse currently involved in a law suit: Yes No

If yes, briefly explain: _____

Please provide the name, address, and telephone number of the attorney handling your lawsuit:

Have you or your spouse ever been involved in a lawsuit: Yes No

If yes, briefly explain: _____

Please provide the name, address, and telephone number of the attorney handling this lawsuit:

Settlement date, amount, and terms: _____

Do you have a pending workers' compensation claim: Yes No

If yes, specify who the claim is against and the date of the incident: _____

Please provide the name, address, and telephone number of the attorney handling this claim: _____

Have you ever filed a workers' compensation claim: Yes No

If yes, specify who the claim was against and the amounts and terms of the settlement: _____

EMPLOYMENT INFORMATION

Applicant's current employer: _____

Address: _____ Telephone: _____

Hourly pay rate: _____ Hours per week: _____

Date of employment: _____

Previous employer: _____

Address: _____ Telephone: _____

Hourly pay rate: _____ Hours per week: _____

Start and end date: _____

Is/was health insurance provided/ offered: Yes No

Date eligible: _____ Amount of premium: _____

If not employed, other sources of income and amounts: _____

EMPLOYMENT INFORMATION FOR SPOUSE/SIGNIFICANT OTHER

Current employer: _____

Address: _____ Telephone: _____

Hourly pay rate: _____ Hours per week: _____

Date of employment: _____

Previous employer: _____

Address: _____ Telephone: _____

Hourly pay rate: _____ Hours per week: _____

Start and end date: _____

Is/was health insurance provided/ offered: Yes No

Date eligible: _____ Amount of premium: _____

If not employed, other sources of income and amounts: _____

FINANCIAL ASSETS AND RESOURCE INFORMATION

Have you or your spouse been the beneficiary of an inheritance: Yes No

If yes, please specify what was inherited, the value of the inheritance, and the date of the inheritance: _____

Do you or your spouse anticipate receiving an inheritance: Yes No

If yes, estimated amount: _____

Do you or your spouse anticipate receiving income from outstanding loans you have given:

Yes No If yes, please specify to whom the loan was made, the amount of the loan, the payment amount on the loan, and the repayment schedule: _____

Have you or your spouse received or anticipate receiving an IRS tax refund: Yes No

If yes, please specify the amount of the refund and the date received or the anticipated date of receipt: _____

Have you applied for Social Security Disability benefits: Yes No

If yes, please specify the date of application and the current status of the application, including pending appeals and hearings: _____

Have you ever received a lump sum from Social Security for retroactive pay: Yes No

If yes, please specify how much was received and date received: _____

Are you currently receiving any loans, grants, or stipends for living expenses (not tuition or books) while attending a post-secondary school: Yes No

If yes, please specify the amount received and the time frame it covers: _____

**IF YOU OR YOUR SPOUSE HAVE ANY OF THE FOLLOWING ASSETS,
PLEASE LIST INCLUDING THE AMOUNTS AND THE ACCOUNT
NUMBERS**

<i>TYPE</i>	<i>AMOUNT</i>	<i>ACCOUNT NUMBER</i>
One Time Capital Gains:		
Mutual Funds:		
IRA's		
Retirement Plan:		
Annuities:		
Investments:		
Stocks:		
CD's		
Money Markets:		
Disability Income:		
Savings:		
Checking Accounts:		
Bonds:		
Any Other Investments Or		
Money Holding Institutions:		

Are you or your spouse listed on a joint account with another individual: Yes No

If yes, please specify the name of the other individual, a description of the account, the holder of the account, and the account number: _____

Are you listed as a dependent on anyone else's Income Tax return: Yes No

If yes, please explain: _____

INCOME/ ASSISTANCE INFORMATION

<i>TYPE</i>	<i>APPLICANT</i>	<i>SPOUSE/OTHER(S)</i>	
	<i>Amount</i>	<i>Name</i>	<i>Amount</i>
Social Security:			
SSI/SSD:			
VA Benefits:			
Nat'l Guard/Reserve:			
BIA/GA Tribal Funds:			
Lease Payments:			
TANF:			
Foster Care:			
Salary, Wages, Commissions, Bonuses:			
Disability Insurance Payment:			
Self-employment:			
Unemployment Benefits:			
Workers' Comp.:			
Vacation/Sick Leave:			
Retirement:			
Strike Benefits:			
Alimony:			
Child Support:			
Insurance Settlement:			
Insurance Face Value:			
Scholarship(s) After Tuition/ Books:			
Loans, Grants After Tuition/Books:			
Interest, Dividends, Rents, Royalties, Investment Gains:			
IRS Refund:			

RESOURCES

<i>TYPE</i>	<i>AMOUNT</i>
WIC:	
Food Stamps:	
LIEAP:	
Subsidized Housing:	
Child Care Assistance:	
Utility Allowance:	

MONTHLY EXPENSES

TYPE	AMOUNT
Court-ordered Child Support:	
Rent/ Mortgage:	
Day Care:	
Utilities (Gas/Lights/ Water/Telephone):	
Groceries:	
Student Loans:	
Basic Auto Expenses, Gas & Upkeep:	
Monthly Health or Medical Installment Payments:	
Customary Monthly Expenses for Medicine & Medical Care:	
Court-ordered Alimony:	
Automobile Installment Payments Pertaining to One Vehicle:	
Other Expenses (Clothing & Installment Debt For Necessary Household Items:	

If mortgage and/or car payment is listed as monthly obligation, you MUST provide a Mortgage Statement and/or Verification of Loan payment.

INSURANCE

TYPE	AMOUNT
Medical/Dental:	
Car:	
Life:	
House:	
Renters:	
Lot Rent:	
Other (Explain):	

PROPERTY VALUE OF HOME AND OTHER REAL PROPERTY

Property	Current Fair Market Value	Encumbrances <small>(Mortgage or other charge on property)</small>	Equity Value
House/Real Estate: _____	-	_____	= _____
Vehicles: _____	-	_____	= _____
Recreational Vehicles: _____	-	_____	= _____
Other (please list): _____	-	_____	= _____
_____	-	_____	= _____

BUSINESS PROPERTY

Do you or your spouse currently own a business: Yes No

If yes, please indicate the name of the business, its location, and the dates of ownership: _____

Have you or your spouse owned a business in the past: Yes No

If yes, please indicate the name of the business, its location, and the dates of ownership: _____

Equity value of equipment, property, and inventory: _____

Are you or your spouse currently a partner/silent partner in a business: Yes No

If yes, please indicate the name of the business and its location: _____

Have you or your spouse sold or transferred any property within the last 36 months or in the 36 months prior to the onset of this illness: Yes No

If yes, please explain: _____

Are you or your spouse involved in a contract for deed or lease situation either as a seller or a buyer: Yes No If yes, please explain: _____

INSURANCE INFORMATION

Do you have a life insurance policy: Yes No

If yes, is it whole life or term life: _____

Limits of policy: _____ Cash value of policy: _____

Please specify who the beneficiaries are: _____

Have you or your spouse applied or been turned down for health insurance in the past 12 months:

Yes No If yes, why: _____

Have you or your spouse ever been eligible for health insurance under COBRA provisions:

Yes No If yes, what was the premium amount: _____

Have you ever refused health insurance coverage available under COBRA provisions:

Yes No If yes, when: _____

Is health insurance offered through your or your spouse's employer: Yes No

If yes, please state monthly premium amount: _____

Were you a college student during the time of this illness or emergency: Yes No

If yes, did you purchase the insurance plan offered through the school: Yes No

CITIZEN INFORMATION

Are you a citizen of the United States: Yes No

If not, what is your citizen status: _____

ACKNOWLEDGEMENT

I, the undersigned applicant or representative, declare and affirm under the penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief is in all things true and correct. I further acknowledge that I may be prosecuted under the provisions of SDCL 28-13-16.2 if I sign this application knowing the information contained, herein is false in whole or in part.

I understand that, under the provisions of SDCL 28-14, a lien will be filed against me and any personal property or real estate that I now own or have a legal interest in or property that I may own in the future for assistance given me by the county. I further understand that I am, required by law to repay the county for assistance given. Should there be no action made to repay this lien, it will be subject to collection.

Applicant: _____ Date: _____

Spouse: _____ Date: _____

COUNTY ASSISTANCE REPAYMENT AGREEMENT

Whereas, Meade County has provided public assistance to the undersigned person, and

I further agree to repay to Meade County \$ _____ per month, starting _____ until all County Assistance granted to me has been repaid in full. I further understand that any delinquent account will be turned over to a collection agency and interest will then be charged.

Dated this _____ day of _____, 20_____.

Applicant Signature

Co-Applicant Signature

Subscribed and sworn to before me this _____ day of _____, 20_____

(SEAL)

WAGE ASSIGNMENT

I, _____, of _____, hereby assign
First and Last Name Address

\$ _____ per pay period from my wages at _____ to be paid
Employer

to the Meade County Auditor's Office and deducted from my wages. This assignment is to remain effective

until I am no longer employed with _____ or until the total amount of
Employer

\$ _____ has been paid, whatever event occurs first.

Signature

Date

Witness

Date