

PRESUMPTIVE ELIGIBILITY  
Patient information form

**Primary Applicant Information**

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth: \_\_\_\_\_  Male  Female

Social Security Number: \_\_\_\_\_  The applicant does not have a social security number

If no SSN provided, why does the applicant not have a Social Security Number?

- Is not eligible to receive an SSN  Applied for SSN  Newborn without SSN
- Does not have an SSN and may not be issued an SSN for a valid non-work reason
- Refuses to provide an SSN  I do not have an SSN or unable to locate SSN card
- Refuses to obtain an SSN because of well-established religious objections
- I want to continue without providing my Social Security Number

Does the applicant live in Kentucky with the intent to remain?  Yes  No

Is the applicant a US citizen or qualified immigrant?  Yes  No

Race: \_\_\_\_\_ Is the applicant of Hispanic, Latino, or Spanish origin?  Yes  No

Preferred Written Language  English  Spanish

Does the applicant need assistance for effective communication?  Yes  No

- Type of communication assistance? \_\_\_\_\_

**Contact Information**

Email: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Home/Cell Telephone Number Work Telephone Number other

Home Address:

Street Address Apt/Building Number

City State Zip Code

County

Mailing Address (if different than Home Address):

Street Address Apt/Building Number

City State Zip Code

County

**Personal Details**

What date should benefits begin? \_\_\_\_\_

How many household members does the applicant have? \_\_\_\_\_

*If the applicant is under age 19, their household includes (if living with) the individual, their children, if pregnant, the number of unborn children of the individual, their spouse, their parents, their siblings. If the applicant is age 19 or older, their household includes if living together, the individual, if pregnant, the number of unborn children of the individual, their spouse and children under the age of 19.*

Is applicant a parent or caretaker for any child in the household?  Yes  No

Is this person currently pregnant?  Yes  No

- If yes, how many babies is the applicant expecting from this pregnancy? \_\_\_\_\_
- What is the due date? (mm/dd/yyyy) \_\_\_\_\_
- Has the applicant received Presumptive Eligibility for pregnancy this calendar year?  Yes  No

Is the applicant currently incarcerated?  Yes  No

Has the applicant ever been in foster care?  Yes  No If yes, what state? \_\_\_\_\_

- How old was this person when he/she left the foster care system? \_\_\_\_\_
- Did this person get healthcare through this state’s Medicaid program?  Yes  No

**Other Insurance**

Does the applicant currently have insurance that covers doctors, office visits, and hospitalization?  Yes  No

- If “Yes,” what is name of plan?

Name of Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

**FAMILY INCOME**

	Family Member’s Name	Income Type?	How Much?	How Often?
1				
2				
3				
4				

***Determining family income:***

*If individual is under age 19 and married, income of the individual, individual’s spouse, individual’s parent(s), stepparent(s) or caretaker relatives is counted.*

*If the individual is under age 19 and not married, income of the individual, individual’s parent(s), stepparent(s) or caretaker relative is counted.*

*If the individual is over the age of 19, income of the individual, and the individual’s spouse (if married) is counted.*

*In all situations, include gross wages (before taxes) and other sources of income such as social security, pensions, alimony, cash gifts, and annuities.*

*I certify, under penalty of perjury, the information provided by me in this statement is correct and true to the best of my knowledge. You understand that anyone who gives false information in order to receive benefits or lets someone else use their PE card or abuses PE benefits is subject to criminal action under federal law, state law, or both or may be liable for repaying in cash the value of the benefits received.*

Patient Signature \_\_\_\_\_ Date Signed \_\_\_\_\_