DAVISON COUNTY APPLICATION FOR MEDICAL ASSISTANCE

PLEASE COMPLETE THE FOLLOWING FOR IN ITS ENTIRETY. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CALL 605-995-8611.

APPLICANTS FULL NAME:_____

AKA (ALSO KNOWN AS):_____

MAIDEN NAME: _____

SOC. SECURITY #:_____DATE OF BIRTH_____

ADDRESS:_____

HOW LONG AT THIS ADDRESS: _____ PREVIOUS ADDRESS:_____

PHONE NUMBER HOME:_____ WORK_____

ARE THERE ANY OTHER SOC. SECURITY #'S THAT YOU HAVE USED IN THE PAST?
❑ YES ❑ NO IF YES #:_____

PLEASE FILL OUT SPOUSE INFORMATION IF NOT LEGALLY DIVORCED:

SPOUSE FULL NAME:_____

AKA (ALSO KNOWN AS):_____

MAIDEN NAME: _____

SOC. SECURITY #:_____DATE OF BIRTH_____

ADDRESS:_____

PHONE NUMBER HOME:_____ WORK_____

ARE THERE ANY OTHER SOC. SECURITY #'S THAT YOU HAVE USED IN THE PAST?
❑ YES ❑ NO IF YES #: _____

SIGNIFICANT OTHER NOT LEGALLY MARRIED TO:

FULL NAME: _____

AKA (ALSO KNOWN AS):_____

SOCIAL SECURITY #: _____DATE OF BIRTH_____

PLEASE LIST ALL IN THE HOUSEHOLD YOU ARE RESPONSIBLE FOR:

NAME:_____

SOC. SEC.#:_____ DATE OF BIRTH:_____

NAME: _____

SOC. SEC.#: _____ DATE OF BIRTH: _____

NAME: _____

SOC. SEC.#: _____ DATE OF BIRTH: _____

NAME: _____

SOC. SEC.#: _____ DATE OF BIRTH: _____

DOES ANYONE BESIDES YOURSELF CLAIM YOU AS A DEPENDENT ON THEIR INCOME TAX? _____

HISTORY OF RESIDENCE:

HOW LONG HAVE YOU LIVED IN [illegible] COUNTY? _____

PREVIOUS ADDRESS: _____

MEDICAL INFORMATION:

WAS THIS ILLNESS AN EMERGENCY? ☐ YES ☐ NO DOCTOR'S NAME _____

IF YES, PLEASE EXPLAIN: _____

_____

_____

_____

HAS YOUR DOCTOR RELEASED YOU FOR WORK DUTY YET? ☐ YES ☐ NO

IF NO, WHEN IS YOUR ANTICIPATED DATE OF RETURN: _____

ARE YOU ELIGIBLE FOR EITHER INDIAN HEALTH SERVICES OR MEDICAL SERVICES THROUGH THE VETERAN'S HOSPITALS? ☐ YES ☐ NO

HAVE YOU TRIED/HAVE YOU BEEN MAKING REASONABLE PAYMENTS TO THE HOSPITAL? ☐ YES ☐ NO

IF YES, WHAT IS YOUR TOTAL HOSPITAL BILL? _____

AND WHAT WAS YOUR MONTHLY PAYMENT? _____

LEGAL CLAIM INFORMATION:

ARE YOU/SPOUSE CURRENTLY INVOLVED IN A LAW SUIT? ☐ YES ☐ NO

IF YES, BRIEFLY EXPLAIN: _____

_____

_____

_____

ATTORNEY'S NAME ADDRESS AND PHONE NUMBER HANDLING THE LAW SUIT: _____

_____

_____

_____

HAVE YOU/SPOUSE EVER BEEN INVOLVED IN A LAW SUIT? ☐ YES ☐ NO

IF YES BRIEFLY EXPLAIN: _____

_____

_____

_____

ATTORNEY'S NAME: _____ PHONE: _____

SETTLEMENT DATE, AMOUNT AND TERMS: _____

_____

_____

_____

ATTORNEY'S NAME: _____ PHONE: _____

HAVE YOU EVER FILED A WORKMAN'S COMP. CLAIM? ☐ YES ☐ NO

IF YES, WHO IS THE CLAIM WITH AND WHAT WERE THE AMOUNTS AND TERMS OF THE SETTLEMENT? _____

_____

_____

_____

EMPLOYMENT INFORMATION:

APPLICANTS EMPLOYER: _____

ADDRESS: _____ PHONE: _____

HOURLY PAY RATE: _____ HOURS PER WEEK:_____

WHEN DID YOU START WORKING HERE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____ PHONE:_____

HOURLY PAY RATE: _____ HOURS PER WEEK:_____

START AND END DATE: _____

OTHER SOURCES OF INCOME AND AMOUNTS: _____

_____

_____

Registered @ SD Dept. of Labor? ❑ YES ❑ NO

SPOUSE/SIGNIFICANT OTHER:

EMPLOYER: _____

ADDRESS: _____ PHONE:_____

HOURLY RATE: _____ HOURS PER WEEK:_____

WHEN DID YOU START WORKING HERE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____ PHONE:_____

HOURLY RATE: _____ HOURS PER WEEK:_____

START AND END DATE: _____

OTHER SOURCES OF INCOME AND AMOUNTS: _____

_____

_____

Registered @ SD Dept. of Labor? ❑ YES ❑ NO

FINANCIAL ASSETS AND RESOURCE INFORMATION:

HAVE YOU/SPOUSE BEEN THE BENEFICIARY OF AN INHERITANCE? ❑ YES ❑ NO

IF YES, AMOUNT AND DATE: _____

DO YOU/SPOUSE HAVE ANTICIPATED INCOME FROM OUTSTANDING LOANS YOU HAVE GIVEN? ☐ YES ☐ NO

IF YES, STATE THE AMOUNT AND REPAYMENT SCHEDULE: _____

_____

_____

HAVE YOU/SPOUSE RECEIVED OR ANTICIPATE TO RECEIVE AN IRS TAX REFUND? ☐ YES ☐ NO

IF YES, AMOUNT: _____

_____

HAVE YOU APPLIED FOR SOCIAL SECURITY DISABILITY BENEFITS? ☐ YES ☐ NO

IF YES, DATE FIRST APPLIED: _____

HAVE YOU EVER RECEIVED A LUMP SUM FROM SOCIAL SECURITY FOR RETROACTIVE PAY? ☐ YES ☐ NO

IF YES, HOW MUCH RECEIVED AND DATE RECEIVED: _____

ARE YOU IN AN APPEAL PROCESS WITH SOCIAL SECURITY FOR DISABILITY BENEFITS? ☐ YES ☐ NO

IF YES, HOW MANY APPEALS HAVE YOU MADE? _____

HAVE YOU GONE BEFORE THE JUDGE WITH YOUR APPEAL? _____

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, HOW MUCH DO YOU RECEIVE AND THE TIME FRAME IT COVERS? _____

_____

DO YOU/SPOUSE HAVE ANY OF THE FOLLOWING? PLEASE INCLUDE THE AMOUNTS, ACCOUNT NUMBERS, NAME OF BANK, CREDIT UNION, ETC.

TYPE:	AMOUNT	ACCOUNT NUMBER	BANK, CREDIT UNION, ETC.
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/SPOUSE JOINTLY ON AN ACCOUNT WITH ANOTHER INDIVIDUAL? ☐ YES ☐ NO

IF YES, NAME AND ACCOUNT NUMBER AND DESCRIPTION: _____

_____

_____

EQUITY VALUE OF HOUSEHOLD AND PROPERTY

TYPE	EQUITY	PAYOFF
HOUSE/REAL ESTATE:	_____	_____
VEHICLES:	_____	_____
	_____	_____
RECREATIONAL VEHICLES:	_____	_____
OTHER:	_____	_____
BUSINESS PROPERTY:	_____	_____

DO YOU/SPOUSE CURRENTLY OR HAVE YOU EVER OWNED A BUSINESS? ☐ YES ☐ NO

IF YES, NAME, LOCATION, DATE: _____

_____

_____

EQUITY VALUE OF EQUIPMENT, PROPERTY AND INVENTORY: _____

_____

_____

ARE YOU/SPOUSE CURRENTLY A PARTNER/SILENT PARTNER IN A BUSINESS? YES NO

IF YES, NAME, LOCATION: _____

_____

HAVE YOU/SPOUSE RECENTLY SOLD OR TRANSFERRED ANY PROPERTY 36 MONTHS PRIOR TO ONSET OF ILLNESS? BRIEFLY EXPLAIN: _

_____

ARE YOU/SPOUSE INVOLVED IN A CONTRACT FOR DEED OR LEASE SITUATION EITHER AS A SELLER OR BUYER?

_____

_____

INSURANCE INFORMATION:

DO YOU HAVE A LIFE INSURANCE POLICY? _____

WHOLE/TERM _____ AMOUNT: _____

BENEFICIARIES: _____

_____

_____

_____

_____

HAVE YOU/SPOUSE APPLIED OR BEEN TURNED DOWN FOR HEALTH INSURANCE **(INCLUDING THROUGH THE AFFORDABLE CARE ACT)** IN THE PAST 12 MONTHS? ☐ YES ☐ NO

IF YES, WHY? (VERIFICATION REQUIRED) _____

_____

HAVE YOU/SPOUSE EVER BEEN ELIGIBLE FOR COBRA INSURANCE? ☐ YES ☐ NO

IF YES, WHAT IS/WAS THE PREMIUM AMOUNT _____

DID YOU EVER REFUSE COBRA PLAN? ☐ YES ☐ NO

IF YES, WHEN? _____

IS HEALTH INSURANCE OFFERED THROUGH YOUR /SPOUSES EMPLOYMENT? ☐ YES ☐ NO

IF YES, MONTHLY PREMIUM AMOUNT _____

WERE YOU A COLLEGE STUDENT DURING TIME OF ILLNESS/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? _____

_____

I, THE UNDERSIGNED APPLICANT OR REPRESENTATIVE, UNDERSTAND THAT THE MAKING OF ANY FALSE STATEMENT AS TO FINANCIAL STATUS OR OTHER REQUIRED INFORMATION IN THE ABOVE APPLICATION WITH KNOWLEDGE OF SUCH FALSITY, MAY BE A CRIME IN VIOLATION OF SDCL 28-13-16.2.

I UNDERSTAND THAT, IN ACCORDANCE WITH SDCL 28-14-7, A LIEN WILL BE FILED AGAINST ME AND ANY PERSONAL PROPERTY OR REAL ESTATE THAT I NOW OWN OR HAVE LEGAL INTEREST IN, OR MAY OWN IN THE FUTURE, FOR ANY ASSISTANCE GIVEN ME BY DAVISON COUNTY. I FURTHER UNDERSTAND THAT I AM REQUIRED BY LAW TO MAKE REPAYMENTS TO DAVISON COUNTY FOR ASSISTANCE GIVEN. SHOULD THERE BE NO ACTION MADE ON REPAYING THIS LIEN, IT WILL BE SUBJECT TO COLLECTION.

APPLICANT:_____DATE_____

SPOUSE:_____DATE_____