

APPLICATION

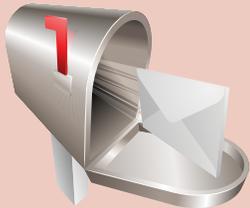


4 EASY WAYS TO APPLY



ONLINE

www.medicaid.la.gov
(recommended)



MAIL

Medicaid
Application Office
P.O. Box 91278
Baton Rouge, LA
70821-9278



PHONE

1-888-342-6207
(toll-free)



IN PERSON

Call 1-888-342-6207
for the office closest
to you.



*For help with Medicare Premiums,
Co-pays, and Deductibles*

Monthly Income Limits (Effective 02/01/16)

	QMB	SLMB & QI
Individual	\$990	\$1,337
Couple	\$1,335	\$1,803

QMB pays your Medicare part B premium, deductibles, and co-insurance. SLMB and QI pay your Medicare part B premium ONLY.

Resource Limits (Effective 01/01/15)

	Limit Amount
Individual	\$7,280
Couple	\$10,930

Most of what you own counts as a resource except for your home, one vehicle and some life insurance and burial funds.

TTY Text Telephone
1-800-220-5404

¿Necesita traductor
de español? Llame al
1-888-342-6207

Quý vị có cần thông dịch
viên người Việt không?
Nếu cần xin gọi số
1-888-342-6207

APPLICATION FOR LOUISIANA'S MEDICARE SAVINGS PROGRAM

For help with Medicare Premiums, Co-pays, and Deductibles

- If you have Medicare, fill out this application to see if you qualify for the Medicare Savings Program.
- If you want to apply for someone who does not have Medicare, please complete the full **Application for Health Coverage**. To get an application, call 1-888-342-6207 or visit online www.medicaid.la.gov.
- If you need extra space, use a separate sheet of paper or the space provided for you on page 5.
- If you have any questions, call 1-888-342-6207 from Monday–Friday to speak with a Medicaid representative. TTY Text Telephone users call 1-800-220-5404.
- Complete and mail this application to the **Medicaid Application Office, P.O. Box 91278 Baton Rouge, LA 70821-9893** or fax it to 1-877-523-2987.

What is your preferred language? English Spanish Vietnamese Other: _____

► Please **PRINT** clearly in black ink.

1 — Personal Information

First name	Middle initial	Last name	Suffix (<i>Sr., Jr., etc.</i>)
Social Security number	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/separated		Are you Hispanic or Latino? (<i>optional</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race (<i>optional – you may mark one or more</i>)			
<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Samoan
<input type="checkbox"/> American Indian or Alaska Native – Tribe: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other Pacific Islander	

2 — Contact Information

Mailing Address		Home Address (<i>if different</i>)	
P.O. box or street address	Apt/Lot #	Street address	Apt/Lot #
City	State	Zip	City
			State
			Zip
E-mail address (<i>if you have one</i>)		Home parish (<i>where you live</i>)	
Home phone ()	Cell phone ()	Other phone ()	

3 — Spouse's Information

Are you married and living with a spouse? Yes No (If **NO**, skip to section 4)

First name Middle initial Last name Suffix (*Sr., Jr., etc.*)

Social Security number Date of birth Sex
 Male Female

Is he/she Hispanic or Latino? (*optional*) Yes No
 Race (*optional – you may mark one or more*)
 White Black Asian Native Hawaiian or Pacific Islander
 American Indian or Alaska Native — Tribe: _____ Other

Does your spouse want to apply for the Medicare Savings Program? Yes No

4 — Medicare Information

	You	Your Spouse (<i>if married</i>)
Medicare Claim Number		
Does this person have health insurance (other than Medicare) or a Medicare supplement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5 — Money from Jobs (*examples: cash, checks, tips, etc.*)

Does anyone in the home work? Yes No (If **NO**, skip to section 6)

	Job 1	Job 2	Job 3
Worker's name			
Employer name			
Employer phone number	()	()	()
Is this person self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much are they paid? (<i>gross income before taxes</i>)	\$	\$	\$
How often paid? (<i>weekly, biweekly, monthly, etc.</i>)			

6 — Other Money (*examples: Social Security, pension, worker's comp, etc.*)

Does anyone in the home get money from other sources? Yes No (If **NO**, skip to section 7)

	Source 1	Source 2	Source 3
Who receives the money?			
Where does it come from?			
How much are they paid? (<i>gross income before taxes</i>)	\$	\$	\$
How often paid? (<i>weekly, biweekly, monthly, etc.</i>)			

7 — Medical Expenses

Do you or your spouse have medical bills (paid or unpaid) for medical care received in the past 3 months?

Yes No (If **NO**, skip to section 8)

	Expense 1	Expense 2	Expense 3
Who received care?			
Name of doctor, clinic, or other medical provider			
Phone number	()	()	()
Dates of service			
Total cost	\$	\$	\$

8 — Things You Own

Do you have any of these?	Who owns it?	Describe it (include names of banks, insurance companies, etc.)	How much is it worth?
Checking accounts <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Savings accounts <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Direct express accounts <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Vehicle (cars, trucks, boats, motorcycles, RVs, ATVs, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Other vehicles <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Property other than where you live <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Certificates of Deposit (CD) <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Annuities, trusts, stocks, bonds, retirement accounts <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Life or burial insurance <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Money set aside for burial or pre-need contract <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Safe deposit box <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Other <input type="checkbox"/> Yes <input type="checkbox"/> No			\$

Read and sign below

By signing this application I am giving my permission to the State of Louisiana and its agents to make contacts to verify the information given on this application. Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge. I have read or someone has read to me the “Rights and Responsibilities” section of the application (located at the bottom of this page), including fraud penalties.

Sign here:

Date:

Spouse sign here *(if applying)*:

Date:

Use this space for any comments or information that you could not fit on your application.

AC Center _____ AC ID _____ AC Rep _____

YOUR RIGHTS AND RESPONSIBILITIES

When you apply for assistance with the Louisiana Department of Health (LDH), you agree to the following:

- You know that you must tell Medicaid if anything changes or is different than what you’ve written on this application. Call 1-888-342-6207 to report any changes. You also understand that a change in your information could affect the eligibility for member(s) of your household.
- You state that answers you gave on this application are true and correct. If you purposely gave information that is not true or if you withheld information, you have committed fraud. If you commit fraud, you may have to pay back money that LDH pays for care that you receive.
- You understand Social Security numbers will only be used to get information from other government agencies to see if you qualify for benefits.

Your Rights

- You can ask for a Fair Hearing if you think any decision made on the case is unfair, incorrect, or made too late.
- LDH cannot treat you differently because of race, color, sex, age, disability, religion, nationality, or political belief. If you think it has, you can call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1-800-368-1019 or write to the Louisiana Department of Health, Human Resources at P. O. Box 4818, Baton Rouge, LA 70821-4818.

**STATE OF LOUISIANA
VOTER REGISTRATION AGENCIES
DECLARATION FORM**

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)

I want to register to vote. I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)

Yes, I would like help. No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact Louisiana Department of Health and hospitals at 1-888-342-6207.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to P.O. Box 91278 Baton Rouge, LA 70821-9278.

Signature or Mark	Name Typed or Printed	Date
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Signatures of Two Witnesses If Signed With Mark:

1) _____ 2) _____

COMPLAINTS

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225) 922-0900 or 1-800-883-2805.

Comments/Remarks (for official use only):

ACADIA
568 NW Court Circle
Crowley, LA 70526-4363
(337) 788-8841

ALLEN
P. O. Box 150
Oberlin, LA 70655-0150
(337) 639-4966

ASCENSION
828 S. Irma Blvd., Rm. 205
Gonzales, LA 70737-3631
(225) 621-5780

ASSUMPTION
P. O. Box 578
Napoleonville, LA 70390-0578
(985) 369-7347

AVOYELLES
312 N. Main St., Ste. E
Marksville, LA 71351-2409
(318) 253-7129

BEAUREGARD
P. O. Box 952
DeRidder, LA 70634-0952
(337) 463-7955

BIENVILLE
P. O. Box 697
Arcadia, LA 71001-0697
(318) 263-7407

BOSSIER
P. O. Box 635
Benton, LA 71006-0635
(318) 965-2301

CADDO
P. O. Box 1253
Shreveport, LA 71163-1253
(318) 226-6891

CALCASIEU
1000 Ryan St., Rm. 7
Lake Charles, LA 70601-5250
(337) 721-4000

CALDWELL
P. O. Box 1107
Columbia, LA 71418-1107
(318) 649-7364

CAMERON
P. O. Box 1
Cameron, LA 70631-0001
(337) 775-5493

CATAHOULA
P. O. Box 215
Harrisonburg, LA 71340-0215
(318) 744-5745

CLAIBORNE
507 W. Main St., Ste. 1
Homer, LA 71040-3914
(318) 927-3332

CONCORDIA
4001 Carter St., Ste. K
Vidalia, LA 71373-3021
(318) 336-7770

DESOTO
105 Franklin St.
Mansfield, LA 71052-2046
(318) 872-1149

E. BATON ROUGE
222 St. Louis St., Rm. 201
Baton Rouge, LA 70802-5860
(225) 389-3940

E. CARROLL
P. O. Box 708
Lake Providence, LA 71254-0708
(318) 559-2015

E. FELICIANA
P. O. Box 488
Clinton, LA 70722-0488
(225) 683-3105

EVANGELINE
200 Court St., Ste. 102
Ville Platte, LA 70586-4463
(337) 363-5538

FRANKLIN
Courthouse
6560 Main St.
Winnsboro, LA 71295-2750
(318) 435-4489

GRANT
Courthouse
200 Main St.
Colfax, LA 71417-1828
(318) 627-9938

IBERIA
300 S. Iberia St., Ste. 110
New Iberia, LA 70560-4543
(337) 369-4407

IBERVILLE
P. O. Box 554
Plaquemine, LA 70765-0554
(318) 687-5201

JACKSON
500 E. Court St., Rm. 102
Jonesboro, LA 71251-3400
(318) 259-2486

JEFFERSON
P. O. Box 10494
Jefferson, LA 70181-0494
(504) 736-6191

JEFFERSON DAVIS
302 N. Cutting Ave.
Jennings, LA 70546-5361
(337) 824-0834

LAFAYETTE
1010 Lafayette St., Ste. 313
Lafayette, LA 70501-6885
(337) 291-7140

LAFOURCHE
307 W. 4th St.
Thibodaux, LA 70301-3105
(985) 447-3256

LASALLE
P. O. Box 2439
Jena, LA 71342-2439
(318) 992-2254

LINCOLN
100 W. Texas Ave., Rm. 10
Ruston, LA 71270-4463
(318) 251-5110

LIVINGSTON
P. O. Box 968
Livingston, LA 70754-0968
(225) 686-3054

MADISON
100 N. Cedar St.
Tallulah, LA 71282-3892
(318) 574-2193

MOREHOUSE
129 N. Franklin St.
Bastrop, LA 71220-3815
(318) 281-1434

NATCHITOCHES
P. O. Box 677
Natchitoches, LA 71458-0677
(225) 357-2211

ORLEANS
1300 Perdido St., Rm. 1W23
New Orleans, LA 70112-2127
(504) 658-8300

OUACHITA
1650 Desiard St., Ste. 125
Monroe, LA 71201
(318) 327-1436

PLAQUEMINES
P. O. Box 989
Port Sulphur, LA 70083-0989
(504) 934-3620

POINTE COUPEE
211 E. Main St., Flr. 2
New Roads, LA 70760-3661
(225) 638-5537

RAPIDES
701 Murray St.
Alexandria, LA 71301-8099
(318) 473-6770

RED RIVER
P. O. Box 432
Coushatta, LA 71019-0432
(318) 932-5027

RICHLAND
P. O. Box 368
Rayville, LA 71269-0368
(318) 728-3582

SABINE
400 Capitol St., Rm. 107
Many, LA 71449-3099
(318) 256-3697

ST. BERNARD
8201 W. Judge Perez, Rm. 104
Chalmette, LA 70043-1696
(504) 278-4231

ST. CHARLES
P. O. Box 315
Hahnville, LA 70057-0315
(985) 783-5120

ST. HELENA
P. O. Box 543
Greensburg, LA 70441-0543
(225) 222-4440

ST. JAMES
P. O. Box 179
Convent, LA 70723-0179
(225) 562-2330

ST. JOHN
1801 W. Airline Hwy.
LaPlace, LA 70068-3344
(985) 652-9797

ST. LANDRY
P. O. Box 818
Opelousas, LA 70571-0818
(337) 948-0572

ST. MARTIN
415 Saint Martin St.
St. Martinville, LA 70582-4549
(337) 394-2204

ST. MARY
500 Main St., Ste. 301
Franklin, LA 70538-6144
(337) 828-4100, ext. 360

ST. TAMMANY
701 N. Columbia St.
Covington, LA 70433-2709
(985) 809-5500

TANGIPAHOA
P. O. Box 895
Amite, LA 70422-0895
(985) 748-3215

TENSAS
P. O. Box 183
St. Joseph, LA 71366-0183
(318) 766-3931

TERREBONNE
8026 Main St., Ste. 101
Houma, LA 70360
(985) 873-6533

UNION
P. O. Box 235
Farmerville, LA 71241-0235
(318) 368-8660

VERMILION
100 N. State St., Ste. 120
Abbeville, LA 70510
(337) 898-4324

VERNON
P. O. Box 626
Leesville, LA 71496-0626
(337) 239-3690

WASHINGTON
Courthouse Bldg.
900 Washington St., #105
Franklinton, LA 70438
(985) 839-7850

WEBSTER
P. O. Box 674
Minden, LA 71058-0674
(318) 377-9272

W. BATON ROUGE
P. O. Box 31
Port Allen, LA 70767-0031
(225) 336-2421

W. CARROLL
P. O. Box 71
Oak Grove, LA 71263-0071
(318) 428-2381

W. FELICIANA
P. O. Box 2490
St. Francisville, LA 70775-2490
(225) 635-6161

WINN
119 W. Main St., Rm. 105
Winnfield, LA 71483-3238
(318) 628-6133

OFFICIAL USE ONLY

Address Change

Name Change

Party Change

Remarks

Circle One: PA MV RG SDA SS(Disability)

Received by: _____

PLACE IN AN ENVELOPE AND MAIL TO YOUR
REGISTRAR OF VOTERS

USE THIS FORM TO: 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST: 1) be a United States citizen 2) be 17 years old (16 years old if registering to vote in person at the Registrar of Voters' Office or the Office of Motor Vehicles) but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended 5) reside in the state and parish in which you seek to register and vote.

INSTRUCTIONS FOR COMPLETING THIS FORM: All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

Box 1: Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before the election day in which you are eligible to vote.

Box 2: Provide full name. Do not use initials for middle or maiden name.

Box 3: 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

Boxes 5 & 13: You must provide your LA driver's license number or LA special identification card number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a LA driver's license number or LA special identification card number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

Boxes 7, 11 & 12: The items 'race/ethnic origin', 'email' and 'phone' are not required but are helpful. Email is protected from disclosure by law.

Box 8: If you do not complete this item, your party affiliation will be listed as 'no party', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'no party'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

Box 17: If you are using this form to request a change of name, you must print the name to be changed here.

Box 18: Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

NOTE: 1. If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

QUESTIONS? Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

COMPLETE AND CHECK ALL APPLICABLE BOXES AND CUT HERE BEFORE MAILING.

LOUISIANA VOTER REGISTRATION APPLICATION			OFFICIAL USE ONLY				
LR-1 & 1M, FORM #100			Wd _____	Pct _____	Reg Type _____	In/Out _____	REG # _____
1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day? YES <input type="checkbox"/> NO <input type="checkbox"/> If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.							
2 NAME OF APPLICANT (PLEASE PRINT NAME) LAST _____ FIRST _____ FULL MIDDLE OR MAIDEN _____						GIVE LOCATION 	
3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY) HOUSE OR APT. NO. & STREET (IF RURAL, ROUTE & BOX NO.) _____ CITY OR TOWN _____ STATE _____ ZIP _____							
If NO mail delivery to residential address, check here: () _____ MAILING ADDRESS, IF DIFFERENT _____							
4 DATE OF BIRTH MONTH _____ DAY _____ YEAR _____		5 * SOCIAL SECURITY # (CIRCLE ONE) NO _____ YES # _____		6 SEX (CIRCLE ONE) MALE _____ FEMALE _____		7 ** RACE / ETHNIC ORIGIN (CIRCLE ONE) WHITE _____ BLACK _____ ASIAN _____ HISPANIC _____ AMER. INDIAN _____ OTHER: _____	
8 PARTY AFFILIATION (CIRCLE ONE) DEM _____ GRN _____ LBT _____ RFM _____ REP _____ NO PARTY _____ OTHER (SPECIFY) _____			9 APPLICANT'S PLACE OF BIRTH CITY OR TOWN _____ PARISH OR COUNTY _____ STATE _____ COUNTRY _____			10 MOTHER'S MAIDEN NAME _____	
11 **EMAIL _____			12 ** PHONE HOME () _____ DAY () _____		13 LA DRIVER'S LICENSE / I.D. # (CIRCLE ONE) NO _____ YES # _____		14 Will you require assistance at the polls?(CIRCLE ONE) NO _____ YES _____ IF YES, GIVE REASON: _____
15 LAST RESIDENCE ADDRESS ADDRESS _____			16 PLACE OF LAST REGISTRATION PARISH OR COUNTY _____ STATE _____		17 FORMER REGISTERED NAME, IF APPLICABLE _____		
AFFIRMATION: I do hereby solemnly swear or affirm that I am a United States citizen, that I am of eligible age to register to vote, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$2,000 (\$5,000 for subsequent offense) or imprisonment for not more than 2 years (5 years for subsequent offense), or both. Any false statement may constitute perjury.							
18 SIGN YOUR NAME IN BOX AT RIGHT. DATE: _____ / _____ / _____							
19 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE. WITNESS SIGNATURE: _____ WITNESS SIGNATURE: _____							
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only; full # OPTIONAL. ** OPTIONAL LR-1 & 1M (REV. 2/16) R.S. 18:104; FORM #100							