



<b>Do not write in this box</b>			
Case name:	Case number:	Children's Medical Eligibility Unit: Email: 5517.inbox@dhsoha.state.or.us	Worker ID:

## Children's Medical Eligibility Unit Application

You can get this document in other languages, large print, braille or a format you prefer. Contact your local branch, <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/county-programs.aspx>. We accept all relay calls or you can dial 711.

Name of child ( <i>last, first middle initial</i> ):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number:	Date of birth:
Name of facility where child resides:		Phone number:	
Address of facility or home where child resides:	City:	State:	ZIP:
Mailing Address ( <i>if different from child's address</i> ):	City:	State:	ZIP:
Child's place of birth:	Parent/client representative:		
Citizen/alien status of child: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Alien permanently residing under Color of Law			
<input type="checkbox"/> Alien lawfully admitted for permanent residence			
<input type="checkbox"/> Other ( <i>specify INS status</i> ):			
Has the child received benefits before? <input type="checkbox"/> Yes <input type="checkbox"/> No      Still receiving? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Cash <input type="checkbox"/> Medical <input type="checkbox"/> Food benefits <input type="checkbox"/> Day care <input type="checkbox"/> None			
Does the child have private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete MSC 0415H</i>			
<i>If no</i> , is private health insurance available? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SDS 0620CH <b>must</b> be completed and attached.		Medical card effective date:	
<b>Does the child have unpaid medical bills for medical care received in the last 90 days?</b>			
( <i>This information will allow a medical case only to be established if eligible.</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Does the child have income?  Yes  No (Examples: SSI, Social Security, child support)

Source of income	Money paid to	Amount
Supplemental Security Income/SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> APD/State of Oregon	\$
	<input type="checkbox"/> family/guardian	\$
Other:		\$
Other:		\$
Other:		\$

Does the child have resources?  Yes  No (examples: bank accounts, life insurance, trusts)

Resource	Name and Address	Current balance
Bank Account: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other : <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other : <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other : <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Has the child (transferred) sold, traded, given away personal property, cash, real property within the last 60 months?  Yes  No If yes, list: \_\_\_\_\_

Please complete below for yourself. You can choose not to give your ethnic group and racial heritage information. This information helps us follow Title VI of the Civil Rights Act of 1964.

For ethnicity (choose one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
For racial heritage (choose one or more): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

The information you provide on this form will be subject to verification. It is subject to review by federal, state and local officials and through the state income and eligibility verification system. This information may also be submitted to the United States Citizenship and Immigration Services for verification.

### "Assigning payments"

To qualify for public assistance, you must let the Department of Human Services (DHS) and the Oregon Health Authority (OHA) have any money you received, or have the right to receive from: 1) private health insurance, and 2) other people or other sources who are, or may be, liable to cover costs paid by the Department(s) related to an injury for the child.

**By signing** this form, you agree to "assign" to the Department of Human Services and the Oregon Health Authority all rights to these payments for the child covered by public assistance. **By signing** this form, you agree to help DHS|OHA find and obtain these payments.

If the DHS|OHA pays a medical or service bill and insurance, you also agree that medical providers, hospitals, employers and government agencies can release medical records to insurance companies. This covers records about the child on medical assistance. This will only be done for the purpose of getting payment.

If the child has other insurance, tell the provider (*doctor, clinic or hospital*) before the child receives care. They must bill the other insurance company before they bill DHS|OHA. If DHS|OHA pays a medical bill that should have been paid by insurance, it will take action to get its money back.

**For example:**

- If the Department of Human Services and/or the Oregon Health Authority pays a bill that private insurance should have paid, DHS|OHA will try to get the money back from the insurance company.
- If DHS|OHA pays the bill and an insurance company also pays the provider, DHS|OHA will try to get its money back from the provider.
- If DHS|OHA pays a medical or service bill and an insurance company sends a check for it, DHS|OHA will try to get its money back from the party that received the check.

**Why we need your Social Security number (SSN)**

When you apply for benefits for the child, you must provide proof of their Social Security numbers. Federal law (42 USC 1320b-7(a), 7 USC 2011-2036, 42 CFR 435.910 and 42 CFR 425.920) requires this information be provided. The Social Security number helps DHS|OHA figure out which benefits the child can get. It is used to check income and other assets. It also helps us check other state and federal records such as IRS, Medicaid, Social Security and Unemployment benefits.

Social Security numbers also help DHS|OHA gather information about wages and work history for research. This helps improve services in the future. The child does not have to be part of this research. The child cannot be denied benefits or services if they do not take part in this research.

**How DHS|OHA uses and discloses Social Security numbers**

DHS|OHA will use your SSN to:

- Help decide if you are eligible for benefits.
- Verify your income, other assets, and to match with other state and federal records such as IRS, Medicaid, child support, Social Security and Unemployment benefits.
- Prepare aggregate information or reports requested by funding sources for the program you apply for or receive benefits from.

DHS|OHA may use or disclose your SSN:

- If it is needed to operate the program you apply for or receive benefits from.
- To conduct quality assessment and improvement activities.
- To verify the correct amount of payments and recover overpaid benefits.
- To make sure nobody gets benefits in more than one household.

**Federal laws 42 USC 1320b-7(a) and (b), 7 USC 2011-2036 42 CFR 435.910, 42 CFR 435.920 and 42 CFR 457.340(b) DHS Rule OAR 461-120-0210**

## Estate Claim Statement

**By signing** this form, you understand that the Department of Human Services may take money from the child's estate (as defined in ORS 414.105). The amount that can be recovered is generally equal to the amount of medical benefits (*including long-term care*) that the child has received. This includes capitation payments made on the child's behalf through the Oregon Health Plan (OHP) to a managed care provider, regardless of the amount of medical care actually provided. Recovery can occur with some cash benefits received at any age, including payments made for prescription drug benefits required under Medicare Part D coverage.

### For children who are age 17 or older

If you are not registered to vote where you live now, would you like to register to vote today?

Yes  No

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

### Rights and Responsibilities

I have read and understand the child's rights and responsibilities as explained above and in the SDS 0539R, and I have a copy of the form.

I declare that the information given by me in this application is true, correct and complete to the best of my knowledge and belief. I realize that making false statements or withholding information may subject me to penalties as provided in state and federal law.

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Print name of child's representative/parent/guardian

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Phone number

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Address of child's representative/parent/guardian

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Signature of child's representative/parent/guardian

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Date

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Print name of DHS/SPD or CDDP representative

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Phone number

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County or field office

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Signature of DHS/SPD or CDDP representative

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Date