

Instructions:

- 1 If you didn't get your FHIAP application by mail, you can leave this line blank. You will get a number when we receive your application.
- 2 Please send one of these with your application or call (888-564-9669) for other ways to prove where you live:
 - Copy of your Oregon Driver License
 - Utility bill with your name/address
 - Rental agreement with your name/address
- 3 Check "divorced/legally separated" only if you went to court to be divorced or legally separated. "Separated" means you are married but live apart and haven't gone to court.
- 4 Employer ID#: Ask your employer for this number or look on your W-2 Form.
- 5 If you can get insurance at work, make sure you find the *Group Insurance Information Form in the Other Forms Packet*. Have your employer fill this out and return it with your application.

Need Help? Get it today. The "talking" application wizard will help you fill out your FHIAP application.
 Access the wizard now at:
oregon.gov/ODA/OP/HP/fhiapwizard.shtml

Please fill in your reservation number below.
000111111 1
 If FHIAP mailed your application, this number is on the letter that came with the application. If you didn't get your application by mail, you can leave this line blank.

A — Applicant Information

Fill in ALL blanks using dark ink. Write "none" or "NA" if you don't have any information for a line.

Name (Last, first, middle initial) Smith, Jane		County Marion	
Home or street address (attach proof of address) 2 1650 Lunar Dr.	City Salem	State OR	ZIP 97302
Mailing address (if different)	City	State	ZIP
Home phone number (with area code) (503) 222-9999	Other phone number (with area code) N/A		
E-mail address (if you have one) jsmith@hotmail.com			
Current marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced/Legally separated <input type="checkbox"/> Widowed <input type="checkbox"/> Separated (both spouses must provide proof of income and sign page four) 3			
Employment status: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Corporation/Partnership			
If employed, employer's name Monty's Farm Inc.	Employer ID # (EIN) 11-1234567 4	Employer's phone number (with area code) (503) 333-9999	
Employer's mailing address 322 Dandy Dr.	City Salem	State OR	ZIP 97301
Does employer offer insurance: <input checked="" type="checkbox"/> Yes, for employee <input checked="" type="checkbox"/> Yes, for family members <input type="checkbox"/> Yes, but I don't qualify for insurance <input type="checkbox"/> No, employer doesn't offer insurance <i>If yes, please fill out the Group Insurance Information (GII) Form in the Other Forms Packet. 5</i>			Hire date: 12-03-2005
Do you want someone to be able to give or get information about your case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6 <i>If yes, please fill out the Consent Form in the Other Forms Packet.</i>			
Spouse (Last, first, middle initial) (legally married only) 7 N/A			
E-mail address (if you have one)			
Employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Corporation/Partnership			
If employed, employer's name	Employer ID # (EIN)	Employer's phone number (with area code)	
Employer's mailing address	City	State	ZIP
Does employer offer insurance: <input type="checkbox"/> Yes, for employee <input type="checkbox"/> Yes, for family members <input type="checkbox"/> Yes, but I don't qualify for insurance <input type="checkbox"/> No, employer doesn't offer insurance <i>If yes, please fill out the Group Insurance Information (GII) Form in the Other Forms Packet.</i>			Hire date
Have you been on the FHIAP Reservation List in the past under a different Reservation Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8			

- 6 Checking "yes" lets FHIAP share information about your case with people you list on the *Consent Form*, including an insurance agent. This form is in the *Other Forms Packet*.
- 7 If you are legally married, put your spouse's information here.
- 8 Check "yes" if you have previously been on the FHIAP Reservation List with a different Reservation Number.



Tip: If you are not legally married, your domestic partner (boyfriend/girlfriend) may also qualify for FHIAP. Your partner should fill out a separate application.

B — Family Information

Find extra pages in Other Forms Packet

Self	Name (Last, first, middle initial) Smith, Jane		U.S. Citizen? ² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of birth 9-1-72	Social Security Number 000-00-0000	State born in: Oregon Birth name: Baker, Jane	
	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Pregnant? <input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No	Insured in the past 2 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Ethnicity: <input checked="" type="checkbox"/> Hispanic or Latino OR <input type="checkbox"/> Not Hispanic or Latino ⁵		If yes, name of company: _____		
Race: <input type="checkbox"/> American Indian/Alaskan Native ⁶ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White		Start and end dates: _____		
		On or eligible for Medicare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	On OHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ⁷	Applying for FHIAP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁸
Spouse (legally married)	Name (Last, first, middle initial) N/A		U.S. Citizen? ² <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of birth	Social Security Number	State born in: _____ Birth name: _____	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant? <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No	Insured in the past 2 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> Hispanic or Latino OR <input type="checkbox"/> Not Hispanic or Latino ⁵		If yes, name of company: _____		
Race: <input type="checkbox"/> American Indian/Alaskan Native ⁶ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Start and end dates: _____		
		On or eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	On OHP? <input type="checkbox"/> Yes <input type="checkbox"/> No ⁷	Applying for FHIAP? <input type="checkbox"/> Yes <input type="checkbox"/> No ⁸
Relationship to Applicant <input checked="" type="checkbox"/> My child ³ <input type="checkbox"/> Other ⁴	Name (Last, first, middle initial) Smith, Sally		U.S. Citizen? ² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of birth 1-1-98	Social Security Number 111-11-1111	State born in: Oregon Birth name: Smith, Sally	
	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Pregnant? <input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No	Insured in the past 2 months? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input checked="" type="checkbox"/> Hispanic or Latino OR <input type="checkbox"/> Not Hispanic or Latino ⁵		If yes, name of company: BlueCross		
Race: <input type="checkbox"/> American Indian/Alaskan Native ⁶ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White		Start and end dates: 7/1/10 to present		
		On or eligible for Medicare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	On OHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ⁷	Applying for FHIAP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁸

- 1 Pregnant?** For each person who checks “yes,” please include a doctor’s note that lists the due date. If you send this note, FHIAP can count the unborn child(ren) in your family size.
- 2 U.S. Citizen:** Federal rules require U.S. citizens to prove citizenship and identity. Please see the flyer included in your application packet for information on how to do this. We ask for your birth name so we can verify Oregon births without having to see birth certificates. Non-citizen applicants should send copies of both sides of the U.S. Citizenship and Immigration Services card. Applying for FHIAP does not hurt your chances of becoming a U.S. citizen and FHIAP is not a “chargeable” program if you try to become a U.S. citizen.
- 3 Child:** Count unmarried children under the age of 23 who either live with you or who are in school. Count step children, legally adopted children and children placed under your guardianship. You may also count an adult child who is disabled and living in your home, but you must also include the income of this child.
- 4 Other:** May include a foster child, grandchild, non-relative, or an adult age 55 and older living in your home. You must also include the other person’s income.
- 5 6 Racial/Ethnic Heritage:** You don’t have to fill this out. If you do, check one box for each person. Answering this helps us follow federal Civil Rights laws.
- 7 Oregon Health Plan (OHP):** Be sure to tell us if anyone is on OHP. No one may be on OHP and FHIAP at the same time; we can help you with the forms to move from one program to the other.
- 8 Applying for FHIAP?** This is where you tell us which members of your family want FHIAP. All children must be covered by health insurance (or OHP). This can be the insurance you buy with the FHIAP subsidy.



Don’t forget to list your spouse unless you are **legally** separated.

- 1 We need to know how you meet basic needs (food, rent, etc.)
- 2 Answer “yes” if:
 - You report income on IRS Schedule C or 1099 (check your most recently filed tax return if you’re not sure).
 - You provide adult foster care to someone who lives in your home.
- 3 If you check “yes” for a corporation or partnership and file Schedule E, fill out the *Corporation/Partnership Income Worksheet in the Other Forms Packet*.
- 4 Answer “yes” if you: Report your farming or ranching income on IRS Schedule F or your fishing income on IRS Schedule C or C-EZ.

If you have other income that is not from a business, farming, ranching, or fishing, fill out the income section on page 3 of the FHIAP Application for each other type of income.

- 5 All applicants should check all the boxes that match the type of money (income) the family receives. Include:
 - Your spouse’s income even if he/she does not want a FHIAP subsidy.
 - Children’s “unearned income” (Social Security, disability, etc). ***Do not** list children’s other income, such as babysitting or summer jobs.
 - Earned and unearned (Social Security or disability payments, for example) of elderly relatives and adult children who are disabled if they are included in your family size.
- 6 This means where the money came from. It could be the name of an employer or type of income such as “child support” or Supplemental Security Income or SSI.
- 7 If child support is received, put the name of the parent who receives the check.
- 8 “Monthly gross income” means income before anything is taken out of your paycheck (such as taxes). “Last month” means the month before the month you sign the application.
- 9 **Proof can be:** Canceled checks, a Support Enforcement Division Statement, or a note from the adult who received your checks. *Please attach proof of support payments because FHIAP will DEDUCT this amount from your gross income.*

C — Income 1

- If you have no income, mark here and fill out the *No Income Form (See the Other Forms Packet)*.
- 2 ■ Are you or your spouse self-employed? Yes No
 - If yes, submit a copy of your most recently filed federal tax return including all schedules. FHIAP will use your taxes to determine your self-employment income **OR**
 - if you filed an extension on your federal tax return or your income has changed drastically in the last year, refer to the *Sample Self-Employment Income Worksheet and Instructions in the Other Forms Packet* for more information.
- 3 ■ Do you have a corporation or partnership? Yes No
 - If yes, fill out the *Corporation/Partnership Income Worksheet in the Other Forms Packet* and submit your most recent federal tax return (including all schedules), both personal **AND** corporation or partnership. Also submit three months of both personal **AND** business bank statements.
- 4 ■ Do you receive income from farming, ranching, or fishing? Yes No
 - If yes, submit a copy of your most recently filed federal tax return including all schedules. FHIAP will use your taxes to determine your self-employment income **OR**
 - if you filed an extension on your federal tax return or your income has changed drastically in the last year, refer to the *Sample Self-Employment Income Worksheet and Instructions in the Other Forms Packet* for more information.
- 5 ■ List your family’s income for one month **prior to the month you sign this application**. Check all the types of income that apply, then list each source in the table below. **Send photocopies of the proof of this income. (FHIAP counts money when received using the check date on your pay stub.)**

<input checked="" type="checkbox"/> Gross wages on pay stubs before taxes are taken out	<input type="checkbox"/> Veterans’ benefits	<input type="checkbox"/> Social Security income
<input checked="" type="checkbox"/> Unemployment	<input type="checkbox"/> Disability payments	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Child support/alimony	<input type="checkbox"/> Rental income	<input type="checkbox"/> Housing allowance/rent instead of income
<input type="checkbox"/> Insurance benefits/annuity payments	<input type="checkbox"/> Trust payments	<input type="checkbox"/> Other (ie., cash, gifts, tips, sale of personal property)
<input type="checkbox"/> Pension or retirement payments	<input type="checkbox"/> Workers’ compensation	
	<input type="checkbox"/> Interest or dividend income	

Attach more paper if more than 2 sources of income

	Income Source	Income Source
Income from (name of source)	Employment Income	Child Support 7
Person who received income	Jane Smith	Jane Smith
Paid how often	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____
Monthly gross income 8 Last month	\$1,452.83	\$200.00

- Did anyone in your family pay support for a person NOT living with you in the previous month?
 - Yes No Who is the support for (names)? _____
- 9 *Please attach proof of support payments because FHIAP will DEDUCT this amount from your gross income.*

Month you sign your application	List/send proof of these months’ income
January	December
February	January
March	February
April	March
May	April
June	May
July	June
August	July
September	August
October	September
November	October
December	November



Tip: “Received” is a key word when you report income for the last month. For example, FHIAP uses pay dates on checks; not pay periods. Submit all checks with pay dates prior to the month you sign your application.



Tip: Copies of pay stubs are the best way to prove income. (Keep the original for your records.) FHIAP also will accept a letter from your employer that tells us what you received in the reporting month or last month. We need “gross” income before anything is taken out of your paycheck. If you are not sure what to send us, call: 888-564-9669.

D — Investments and Savings _____

Investments and savings include checking accounts, savings accounts, cash, certificates of deposit (CDs), stocks, bonds, money market accounts, etc. Do not include qualified retirement accounts (IRAs, 401ks), vehicles, or the house that you live in. ***This will not affect your FHIAP eligibility, it is for statistical purposes only.***

■ What is your family’s total investments and savings?

- 0-\$2,000 \$2,001-\$2,500 \$2,501-\$5,000 \$5,001-\$10,000 More than \$10,000

Property owned: Do you own residential or commercial property, other than the home you live in?

- Yes No *If yes, please fill in the information below. (Attach more sheets of paper if necessary.)*

Property address	City/State/Zip	County	Tax assessed value	Is property rented?	Monthly rent received
123 Main Street	Anytown, OR 97301	Polk	\$120,000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$

E — By signing this application, I agree to the following statements _____

Sign here →

Applicant’s signature: Jane Smith Date: 8/3/2011

Spouse’s signature: N/A Date: _____

(Both spouses must sign *even* if both people are not applying for a subsidy or don’t live together, unless you are legally separated.)