

# Notice of Intent to Apply for Medicaid/Family Health Plus/Family Planning Benefit Program

During your renewal for public health insurance, you asked to add an adult to your Medicaid/Family Health Plus case **or** there is a person living in your home who is turning 21 years old. The 21 year old is now considered an adult and needs to apply for Medicaid/Family Health Plus on their own case. Please ask the adult **or** the 21 year old to complete and sign this form and return it along with any requested documents to New York Health Options.

Once an eligibility determination has been made you will receive a notice advising you of the decision.

### Case Summary

**New Adult's Name** \_\_\_\_\_ **New Adult's Date of Birth** \_\_\_\_\_

**Case Number** \_\_\_\_\_

**Household Information** – the following individuals currently live with you:

Name	Relationship to New Adult
_____	_____
_____	_____
_____	_____
_____	_____

**Household Income Information** – the individuals in your household receive the following money:

Name	Type of Income/Source (e.g. wages, unemployment, Social Security benefits)	Name of Employer (if income is from employment)	How Much (before taxes /deductions)	How Often Weekly/2 weeks/ Monthly
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

**Additional Information** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Signature of Applying Adult**

By signing this form, I acknowledge that I am applying for Medicaid/Family Health Plus and I understand that I will be enrolled in the appropriate program, if eligible. **I have also read and understand the Terms, Rights and Responsibilities included with the renewal form sent to my household.** I certify under penalty of perjury that everything provided during the renewal as reported above is the truth as best I know.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of New Applying Adult