Reset Form

Ohio Department of Medicaid

APPLICATION FOR HELP WITH MEDICARE EXPENSES

Medicaid can assist you in paying costs connected to *Medicare*. All or part of your Medicare expenses can be paid by the Qualified Medicare Beneficiary (QMB), Specified Low-income Medicare Beneficiary (SLMB), Qualified Individuals (QI-1), or Qualified Disabled Working Individuals (QDWI) categories of Medicaid. Please complete this application and submit it to your local County Ohio Department of Medicaid(ODM) to apply for this type of assistance.

- A face-to-face interview is not required.
- You must supply proof of U.S. citizenship or alien status, income, and resources.
- This is not an application for cash or food assistance.
- If you would like to apply for any other kind of help, or have your eligibility for other forms of Medicaid evaluated, please inform your local ODM.

If you have questions or need assistance completing this application, please call your local ODM or call the Medicaid Consumer Hotline at 1-800-324-8680 or TDD 1-800-292-3572.

VOTER REGISTRATION APPLICATION ATTACHED - ASSISTANCE AVAILABLE

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

☐ YES, I want to register to vote. ☐ NO, 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.

Name of Applicant *(First, MI, Last)*	Phone Number	Date of Birth

Street Address	Social Security Number

City	State	Zip	Social Security CLAIM Number
	OH		

Place of Birth	Race/ethnicity *(optional)*	
Are you a U.S. citizen? ☐ Yes ☐ No If not, you will be asked to show an alien registration card and INS forms.	☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

Is the Medicare Part B premium taken out of your Social Security check?	Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed
☐ Yes ☐ No	If you are married, does your spouse receive Medicare? ☐ Yes ☐ No
	Does your spouse want help with Medicare expenses? ☐ Yes ☐ No
If yes, when did the withdrawal begin? _____	If yes, spouse's name _____
	Date of Birth _____ Social Security Number _____

Health Coverage. List any health insurance or health coverage you have:

Insurance Company/Plan	Policy Number	Monthly Cost	What Does the Policy Cover?
		$	
		$	
		$	

Income. List all of your income below, including but not limited to income from annuities, Social Security, SSI, VA benefits, spousal support, employment, retirement, or money regularly received from friends and family. Include all of your spouse's income.

Employer/Source of Income	Gross Amount	How Often Is Income Received?
	$	
	$	
	$	
	$	

Real Estate. Do you own part or all of any real estate other than your home? This includes but is not limited to other houses, vacant land, farm land, or business property. ☐ Yes ☐ No
If yes, please tell us about the property:

Street Address, City, State, Zip	Value $
Street Address, City, State, Zip	Value $
Street Address, City, State, Zip	Value $

Other Resources. List all of your current resources or assets (except real estate) owned by you or your spouse, including (where appropriate) account numbers and current balances or values. The following are examples of resources:

Savings accounts	Stocks/bonds	Vehicles	Christmas clubs	Land contracts
Checking accounts	Tax shelter accounts	401(k)s or IRAs	Money Market funds	Trusts
Promissory notes	Certificates of deposit	Keough plans	Life insurance	Burial accounts

Type of Resource	Account/Policy #	Name of Bank, Insurance Co., Etc.	Value
			$
			$
			$
			$
			$

Would you like help with Medicare expenses for the past three months? ☐ Yes ☐ No
If yes, please provide verification of your income for each of the past three months.
(Note: This help is not available for certain categories of assistance.)

BY SIGNING THIS APPLICATION, I AGREE to give documentation and verification of information on this application. I understand I may be asked to give consent to the ODM to make whatever contacts are necessary to determine my eligibility.

I state under penalty of perjury that I have disclosed all annuities and other similar financial devices in which I or my spouse have any interest.

I authorize any person who furnishes health care or medical supplies to give the Ohio Department of Medicaid or the Ohio Department of Health any information related to the extent, duration, and scope of services provided under the Healthy Start, Healthy Families Medicaid program, WIC and medical assistance programs. I also authorize the Ohio Department of Health and the Ohio Department of Medicaid to exchange any information I have provided on this form, to enable the departments to determine my eligibility.

I understand that this application will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief.

By my signature below, I affirm that to the best of my knowledge and belief the answers on this application are complete and correct. I understand the law provides a penalty of fines or imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible to receive. **I state under penalty of perjury that all of the information on this application is true and complete to the best of my knowledge.**

Person Applying *(Please Print Name)*	Signature	Date
Authorized Representative or Person Who Completed Form	Signature	Date

If you have not been provided with a copy of forms JFS 07236 " Your Rights and Responsibilities as a Consumer of Medicaid Health Coverage" or JFS 07400 "Ohio Medicaid Estate Recovery," please ask for these informational forms from your local ODM or from the Consumer Hotline **at 1-800-324-8680 or TDD 1-800-292-3572, or visit http://www.odjfs.state.oh.us/forms/inter.asp.**

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
For further information, you may consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call 1-877-767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You must answer **both** of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, paycheck, government check or government document (other than a notice of voter registration mailed by a board of elections) that shows your name and current address.

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

Please see information on back of this form to learn how to obtain an absentee ballot.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

FOLD HERE

I am: ☐ **Registering as an Ohio voter** ☐ **Updating my address** ☐ **Updating my name**

1. Are you a U.S. citizen? ☐ **Yes** ☐ **No**
2. Will you be at least 18 years of age on or before the next general election? ☐ **Yes** ☐ **No**
If you answered NO to either of the questions, do not complete this form.

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.

4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code

7. Additional Mailing Address or P.O. Box (if necessary)	8. County (where you live)

9. Birthdate (MO-DAY-YR) (required)	10. Ohio Driver's License No. OR Last Four Digits of Social Security no. (one form of ID required to be listed or provided)	11. Phone No. (voluntary)

12. **PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION** - Previous House Number and Street

Previous City or Post Office	County	State

13. **CHANGE OF NAME ONLY** Former Legal Name	Former Signature

14.
I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature ↓

Date_____/_____/_____
MO DAY YR

FOR BOARD USE ONLY
SEC4010 (Rev. 6/14)

City, Village, Twp.

Ward

Precinct

School Dist.

Cong. Dist.

Senate Dist.

House Dist.

To ensure your information is updated, please do the following:

1. Print this form.
2. Complete all required fields.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections. For your county board's address please visit www.OhioSecretaryofState.gov/boards.htm.

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: www.OhioSecretaryofState.gov or by calling 1-877-767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document, other than a notice of an election or a voter registration notification sent by a board of elections, that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at:www.OhioSecretaryofState.gov or call 1-877-767-6446.

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