## **RETROACTIVE MEDICAID APPLICATION**

1. My family has unpaid medical bills for the month(s) of:

Fir Mo	st onth	Month	Year		Second Month	Month	Year		Thir Mon		Month	Year			
			ANSWE	ER QU	JESTIONS 2-9 FOR EACH MONTH APPLIED FOR IN QUESTION 1.										
<ol> <li>List yourself and the name of each family member who lived with you at any time during the first month or who you claim as a dependent on your tax return. Check yes if the person has unpaid medical expenses this month.</li> </ol>					member withe second depender	who lived with y nd month or w nt on your tax re	ne of each family you at any time d ho you claim as a eturn. Check yes cal expenses this	r t c	<ol> <li>List yourself and the name of each family member who lived with you at any time during the <b>third month</b> or who you claim as a dependent on your tax return. Check yes if the person has unpaid medical expenses this month.</li> </ol>						
				YES				YES						YES	
				YES				YES						YES	
				YES				YES						YES	
				YES				YES						YES	
				YES				YES						YES	
3.	home, or the <b>first r</b>	away from hom nonth?	in a hospital, nurs e on the last day S □ NO nily member(s):	sing of	home, or the <b>seco</b> i	away from hon	) in a hospital, nu ne on the last day YES ☐ NO mily member(s):	rsing / of	ł	home, or a the <b>third i</b>	hily member(s) away from hon <b>nonth</b> ?	ne on the la ES             NO	ast day	sing of	
4.	(child bor home, ma	n, family memb arried, divorced, y, began or quit	ing the <b>first mont</b> er left or returned died, began or en work) and indicat	nded	(child bor home, ma	n, family memb arried, divorced y, began or qui	ring the <b>second</b> i per left or returned , died, began or o t work) and indic	d ended	(   	(child borr home, ma	ny changes dun n, family memb rried, divorced v, began or qui ange.	er left or re , died, bega	eturned an or e	nded	

DHS-3243 (Rev. 10-14) Bridges

INCOME: F	or ea	ach r	nonth a	pplied for	, attacl	n proof	of al	l inco	ome rec	eived.								
5. Was any fami	5. Was any family member employed or self-employed in				FIRST MONTH					SECOND MONTH					THIRD MONTH			
employed or s any of the mo question 1? [ If YES, comple Person employed:	monthly earned rece income before car		s of children iving child e due to ployment.		Total monthly earned income before deductions.		Names of childre receiving child care due to employment.		ind	Total nthly earned come before eductions.	efore	Names of hildren receiving hild care due to employment.						
r erson employed.				\$					\$				\$					
				\$					\$				\$					
Name of S Pe	Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed)						Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed)					Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed)						
EXPENSES	: Atl	tach	copy of	court ord	er(s) fo	or child	supp	oort p	baid.									
<ol> <li>Did any family n support in any o in question 1? YES, complete t</li> </ol>	of the ר⊔	month YES	s listed ] NO If	Total monthly child support paid per person						Total monthly child support paid per person					Total monthly child support paid per person			
Person(s) paying o	child s	suppoi	t:	\$					\$	ş					\$			
<ol> <li>Did any family n ianship/conserv of the months li □ YES □ NO If</li> </ol>	ator e sted i	expens n ques	es in any tion 1?	Total monthly guardianship/ conservator expenses paid per person					Total monthly guardianship/ conservator expenses paid per person				Total monthly guardianship/ conservator expenses paid per person					
Person(s) paying g conservator expen	guard ises:	ianshi	p/	\$					\$					\$				
alimony expens months listed in	<ol> <li>Boes any family member pay alimony expenses in any of the months listed in question 1? ☐ YES ☐ NO If YES, who pays?</li> </ol>					Total monthly alimony expenses paid per person					Total monthly alimony expenses paid per person					Total monthly alimony expenses paid per person		
Person(s) paying a	alimor	пу ехр	enses:	\$					\$									
loan expenses i listed in questic If YES, who pay	<ol> <li>Did any family member pay student loan expenses in any of the months listed in question 1? ☐ YES ☐ NO If YES, who pays?</li> </ol>					Total monthly student loan expenses paid per person					Total monthly student loan expenses paid per person					Total monthly student loan expenses paid per person		
Person(s) paying st	Person(s) paying student loan expenses:					\$					\$					\$		
10. Did any family n expenses in any in question 1? who pays?	Total monthly other expenses paid per person					Total monthly other expenses paid per person				Total monthly other expenses paid per person								
Person(s) paying o	\$	Ş					\$				\$							
11. OTHER INC				come of all family members. Ea					ch item must be answered YES					or NO.				
		onth Year THLY WHOSE				-	MONTH Month		14/1005				Month	Year				
AM				DSE	YES/NO		MONTHLY AMOUNT		WHOSE INCOME		/NO	AM						
Social Security Benefits (RSDI)			\$						\$			_		\$				
Supplemental Security Income (SSI)			\$					1	\$					\$				
Retirement or Pension Benefits		\$					:	\$					\$					

DHS-3243 (Rev. 10-14) Bridges

Disability Benefits			\$				\$				\$	
Rental Income			\$				\$				\$	
Workers		1	\$				\$				\$	
Compensation												
Child Support			\$				\$				\$	
Alimony Unemployment			\$				\$				\$	
compensation			\$				\$				\$	
Military Allotments			\$				\$				\$	
Gambling Distributions (Casino profit sharing)			\$				\$				\$	
Other			\$				\$				\$	
12. ASSETS: Incl	ude	asset	ts of all family memb	ers. Each item mu	ust be	e ans	wered YES or NO. A	ttach proof of ass	et va	alue f	or each retro month a	applied for.
	FIR	ST N	IONTH Month	Year	SEG	CONI	D MONTH Month	Year	THI	RD N	Month	Year
ASSET TYPE	YES	S/NO	AMOUNT/VALUE	OWNER(S)	YES	ES/NO AMOUNT/VALUE		OWNER(S)	YES/NO		AMOUNT/VALUE	OWNER(S)
Cash on hand, in a safety deposit box or patient trust fund			\$				\$				\$	
Savings, Checking or Credit Union Accounts			\$				\$				\$	
Home, life estate, life lease			\$				\$				\$	
Real Estate (not your home)			\$				\$		\$		\$	
Mortgage, land con- tract or other notes payable to household member			Ş				\$				\$	
Savings bonds or money market funds			\$				\$				\$	
Stocks or mutual funds			\$				\$				\$	
IRA, KEOGH, 401K or deferred compensation accounts			\$				\$				\$	
Trust Fund(s)			\$				\$				\$	
Life insurance			\$				\$				\$	
Annuity			\$				\$				\$	
Cars, trucks, boats, motorcycles, other vehicles			\$				\$				\$	
Tools & Equipment, Livestock or Crops			\$				\$				\$	
Funeral contracts			\$				\$				\$	
Burial plot(s), casket, etc.			\$				\$				\$	
Certificates of Deposit (C.D.) or savings certificates			\$				\$				\$	
Other			\$				\$				\$	

## I CERTIFY THAT ALL INFORMATION I HAVE WRITTEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Date

Signature

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: Federal 42 CFR 435

**COMPLETION:** Voluntary

**PENALTY:** No medical coverage will be authorized.

DHS-3243 (Rev. 10-14) Bridges