

# State of Connecticut Department of Social Services

# Medicare Savings Programs Application/Redetermination (QMB, SLMB, ALMB)

you have a	a disability?	Yes No I	f you checked	yes, please s	ee page 3 about hov					
-		owing information	on about you	J:						
Your Nam	e: First									
First			M.I.		Last					
Your Addr	ess:									
Your Maili	ng Address (if diff	erent):								
Your Tele	phone Number: _		A I	A Message Number:						
Your Mari	tal Status:	Never Married [	☐ Married ☐ Separated ☐ Divorced ☐ Widow			☐ Widowed				
This appli	cation is for	Yourself only	Yourself and	d your spous	e					
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rour Spot	use's Name:	First	M.I.	Last						
	D ( (D) (	DI (D: II	Social Secur	•	Do you have Part A?	Part B?				
	Date of Birth	Place of Birth	Number	Sex	(check one)	(check one)				
Yourself					☐ Yes ☐ No	☐ Yes ☐ No				
Your Spouse					☐ Yes ☐ No	☐ Yes ☐ No				
complianc	e with the federal tion of your applic	ride race or ethnic ori civil rights law. If you ation. We are author	u do not wish to	give this info	ormation, it will in no	way affect				
Are you H	ispanic or Latino?	☐ Yes [	☐ No							
What is your racial origin? (check all that apply)										
☐ Native American or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander										
Please give us information about your citizenship:										
	Are you a U.S. citizen? (check one)	If no, what is your non-citizen status? (refugee, permanent resident, etc.)	What is your alien registration number?	What is you country of origin?	What are the r date and place that you came into the country?	What is your sponsor's name? (if appropriate)				
Yourself	│ │									
Your	□ Ves □ No									

## Please give us information about your Income:

Please list all income that you and your spouse receive. Please list the amounts of income <u>before</u> any deductions are made. Examples of income are Social Security, Supplemental Security Income (SSI), wages, pensions, disability benefits, worker's compensation, unemployment compensation, interest, dividends, rental property income, alimony and child support.

	Income for Yoursel	F	Incomo for Vour Chauca			
Name and Address	ss of Employer, if ar		Income for Your Spouse  Name and Address of Employer, if any:			
Name and Address	ss of Employer, if ar	ıy.	I value and Address of Employer, If any.			
Name of Pension	Company:		Name of Pension Company:			
Where does the money come from?	How much do you receive?	How often do you receive it? (Weekly, Monthly or Quarterly)	Where does the money come from?	How much do you receive?	How often do you receive it? (Weekly, Monthly or Quarterly)	
Social Security	\$		Social Security	\$		
SSI	\$		SSI	\$		
Pension	\$		Pension	\$		
Wages	\$		Wages	\$		
Other (describe):	\$		Other (describe):	\$		
Other (describe):	\$		Other (describe):	\$		
the United States ( the information give admission to the U  I give the Department	partment of Social S Citizenship and Immen on this form with .S., harm permaner ent of Social Service osts for my home.	igration Services (I USCIS. I also und it resident status of es permission to sh	USCIS). I understated lerstand that USCIS report me.	nd that the departm cannot use this apother information wi	nent will not share oplication to deny the programs that	
knowingly given in Connecticut Gener	statements made o correct information, cal Statute Sections 23. I may also be s	I may be subject to 53a-157b and 17b-	the penalties for fa -97 and to penalties	alse statements as s s for larceny as spe	specified in	
Signature of Applica	ant	Date	Signature of Sp	ouse	Date	
Signature of Conse	rvator or Other Repr	esentative Date	-			

This information is available in alternate formats. Phone (800) 842-1508 OR TDD/TTY (800) 842-4524.

### If you need a reasonable accommodation or special help:

If you cannot do something we ask you to do because you have a disability, you may request a reasonable accommodation or special help. We can use different methods to complete your application or redetermination. For example, we may be able to complete your application or redetermination over the telephone if you cannot come into the office, we may be able to help you get certain proofs, or give you extra time to provide information. Contact your local regional office to request a reasonable accommodation or special help. If we do not agree to give you a reasonable accommodation or special help, you can complain to the department's Americans with Disabilities Act (ADA) coordinator. See the bottom of this page for how to make a complaint.

### Important information for you to know about your application/redetermination:

- This application/redetermination is a request for help from the Medicare Savings Programs only.
- All the information given on this form is confidential and will only be used to administer the programs except for certain exceptions.
- The Social Security numbers of everyone receiving or requesting assistance will be used to verify identity and eligibility. Social Security numbers will also be matched against federal, state and local government files by computer. The department is allowed to request Social Security numbers based on the following statutes: for Medicaid, 42 USC sections 1320b-7(a)(1), (b)(2) and Connecticut General Statutes section 17b-77.
- The department will request information through the Income and Eligibility Verification System (IEVS). The information will be used to process this application/redetermination. Information will come from certain State and Federal agencies when allowed by law. We may directly verify information we receive with other sources such as banks and employers. Results from such verification may affect eligibility.

In accordance with Federal law and U.S. Department of Health and Human Services (HHS) policy, the Department of Social Services is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write HHS, Director, Office for Civil Rights, 200 Independence Avenue, S.W., Room 509-F, HHH Building, Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY).

Under state law you have the right to make a discrimination complaint if you think we have taken actions against you because of your race, color, religious creed, sex, marital status, age, national origin, ancestry, criminal record, political beliefs, sexual orientation, mental retardation, mental disability, learning disability or physical disability, including but not limited to blindness. You or someone representing you may write to or call one or more of these agencies to make a discrimination complaint: Commissioner of the Department of Social Services, Attention Affirmative Action Division Director/ADA Coordinator, 25 Sigourney Street, Hartford, CT 06106-5033, or call 1-860-424-5040 (TDD: 1-800-842-4524); Connecticut Commission on Human Rights and Opportunities, 21 Grand Street, Hartford, CT 06106, or call 1-860-541-3400 (TDD: 1-860-541-3459).