

HCD USE ONLY	
Member #:	
Site:	
Analyst:	<input type="checkbox"/> New <input type="checkbox"/> Renewal

Tanpri, li fèy Enfòmasyon ki la a epi reponn TOUT kesyon yo. Aplikasyon an dwe siyen nan seksyon 7.

PATI 1 ENFÒMASYON SOU CHEF FANMI AN

CHEF FANMI AN (Moun ki pral resevwa lèt la)
 Siyati: _____ Prenon: _____ Inisyal Dezyèm prenon. _____
 Adrès kote w rete: _____ Apt. #: _____
 Vil: _____ FL _____ Kòd postal: _____
 Adrès kote w resevwa lèt: _____ Apt. #: _____
 (Si li pa menm ak kote w abite a): _____
 Vil: _____ FL Kòd postal: _____ **Telefòn Selilè:** _____ **Telefòn Travay:** _____
Telefòn Lakay: _____ **Lòt Telefòn:** _____
 Anplwayè: _____ Tit Travay la: _____
 Adrès Anplwayè: _____
 Vil: _____ Eta: _____ Kòd postal: _____
 Èske ou marye selibatè divòse vèf/vèv separe

PATI 2: ENFÒMASYON SOU FANMI AN

Ekri non ou ak non chak moun nan fanmi w, ki ap viv nan kay ou menmsi yo gen lòt asirans medikal. Tout kolòn yo dwe ranpli. Pa bliye mete tèt ou nan pòsyon nwasi ki nan seksyon sa a.

Non Legal Siyati, Prenon, Inisyal Dezyèm Prenon	Dat Nesans	Sèks G/F	Lyen parante avèk ou	Nimewo sosyal ou:	Ras B/W/H/O	Peyi kote ou fèt	Sitwayen Ameriken? (Wi/Non)	Ou vle aplike pou Asirans Medikal(Wi/Non)
			Enfòmasyon ou					

PATI 3: LÒT ENFÒMASYON

Èske oumenm ak tout fanmi w abite nan rejyon Pam Beach la? Wi Non

Èske gen yon moun nan aplikasyon sa a ki ansent? Wi Non- Si wi, kiyès? _____ Dat Akouchman: _____

Èske gen yon moun nan aplikasyon sa a k ap resevwa dedomajman pou andikap? Wi Non Si wi, kiyès? _____
 Èske dedomajman pou andikap sa a soti nan Medicaid osinon nan sosyal? Wi Non

Èske oumenm oswa nenpòt moun nan kay ou se veteran lame Amerikèn? Wi Non Si wi, kiyès? _____

Èske yon moun nan fanmi ou gen asirans medikal VA? Wi Non Si wi, kiyès? _____

Èske oumenm oswa nenpòt moun nan kay ou gen asirans sante? Wi Non Si wi, kiyès? _____
 Bay non konpayi asirans la: _____

Èske oumenm oswa nenpòt moun nan kay ou gen Medicare? Wi Non Si wi, kiyès? _____

Èske oumenm oswa nenpòt moun nan kay ou gen Medicaid oswa Gen Bezwen Medikal/alokasyon pasyèl? Wi Non Si wi, kiyès? _____

Èske oumenm oswa nenpòt moun nan kay ou gen moun k ap travay pou Distri Sante piblik la? Wi Non Si wi, ki non anplwaye a? _____

Èske oumenm oswa nenpòt lòt moun nan fanmi an ap tann rezilta yon pwosè pou aksidan machin oswa nan travay? Wi Non
 Si ou reponn wi, kimoun? _____ Non Avoka a: _____ Telefòn: _____

PATI 4: ENFOMASYON SOU REVNI FANMI AN

Ekri nan fòm nan kantite lajan tout granmoun ak timoun nan kay la resevwa. Fè sèten ou bay kantite lajan ki fèt la avan tout dediksyon ki fèt (revni nèt). Itilize ekstra papye anplis si nesesè. (Ekri kantite lajan pa mwa pou chak kalite revni ki fèt).

Non Moun ki Resevwa Lajan An	Montan lajan pa mwa avan taks	Kote kòb la soti	<p>Tcheke tout ti kare ki bon:</p> <input type="checkbox"/> AFDC <input type="checkbox"/> Alimoni <input type="checkbox"/> Anwite <input type="checkbox"/> Sipò pou Timoun <input type="checkbox"/> Kontribisyon/Sipò <input type="checkbox"/> Prè <input type="checkbox"/> Pansyon <input type="checkbox"/> Revni nan Lwaye <input type="checkbox"/> Revni travay endepandan <input type="checkbox"/> Sekirite Sosyal/SSI <input type="checkbox"/> Trust fund <input type="checkbox"/> Chomaj <input type="checkbox"/> Benefis Veteran <input type="checkbox"/> Salè <input type="checkbox"/> Konpansasyon pou travayè
	\$		
	\$		
HCD Use Only:			TOTAL Monthly Family Income (Add all totals) →
			TOTAL Annual Family Income →
			FPLG % →

PATI 5: ENFOMASYON POU DEDIKSYON KI POSIB

Èske w ap peye chak mwa pou asirans sante asirans vi sipò finansye pou pitit ou alimoni peman medikal? Konbyen ou peye chak mwa? \$ _____

6yèm Pati: Depans fanmi an fè

Ekri konbyen ou peye chak mwa pou:

Lwaye/lpotèk kay:	\$	Pèyman machin:	\$
Sèvis (elektrisite/dlo/telefòn):	\$	Asirans: <input type="checkbox"/> Machin <input type="checkbox"/> Vi	\$
Transpò (gaz, otobis, etsetera)	\$	Lajan ou te prete:	\$
Gadri:	\$	Depans medikal:	\$
Kat kredi:	\$	Lòt:	\$
Manje:	\$	TOTAL:	\$

Èsek yon moun ede w peye bòdwo ou? Wi Non Si wi, kiyès? _____

PATI 7: ENFOMASYON POU ATESTASYON AK OTORIZASYON

Mwen, _____, ateste m ap aplike pou sèvis ak sètifye tout enfòmasyon ak dokiman mwen bay Distri Sante Piblik nan rejyon Palm Beach la ("Distri a") se laverite san manke moso. Mwen bay otorizasyon pou Distri a chèche jwenn tout enfòmasyon pèsònèl, finansye ak medikal sou mwen pou kapab detèmine si mwen kalifye pou resevwa sèvis ak pou rezon fè rechèch.. Mwen konprann enfòmasyon sa yo pa sipoze gaye rive pi lwen epi y ap rete konfidansyèl dapre lwa Eta Florid ak lwa federal yo. Mwen konprann tou mwen responsab pou oblije remèt Distri a kèlkeswa lajan li ta peye pou mwen ak kèlkeswa lajan mwen ta resevwa nan men yon lòt sous akòz manti oswa move enfòmasyon mwen ta bay pou resevwa lajan oswa sèvis yo ofri mwen yo, epitou mwen fèt pou responsab peye tout depans sa ta koute, tankou frè avoka ak lòt depans rezonab ki fèt nan tout etap jijman oswa apèl ki fèt pou rekipere montan sa yo. Gen dwa gen envestigasyon ki fèt sou tout enfòmasyon ki bay yo. Mwen konprann tout antite ki siyen pou kolabore ak Distri a pou bay swen, tankou tout doktè prive yo ak tout sant sante lokal yo, se ajan endepandan ki pa ni reprezante ni fè pati anplwaye Distri a. Mwen dakò tou pou tout sèvis m ap resevwa yo, yon fason pou Distri a sèpte peye pou yo, dwe soti sèlman nan men doktè, espesyalis, lopital, famasi ak lòt ajan ki deja gen kontra alekri pou resevwa rekòmandasyon nan men yon doktè otorize ki gen kontra ak Distri a. Mwen bay otorizasyon pou nenpòt doktè, lopital osinon lòt ajans swen sante bay Distri a (oswa anplwaye li oubyen reprezantan li) tout enfòmasyon medikal Distri a (oswa anplwaye li oubyen reprezantan li) ta kab mande. Mwen dakò pou pa kite okenn lòt moun sèvi ak kat mwen an pou kèlkeswa rezon an. Dapre prensip Distri a, y ap pran mezi pou pote koreksyon ofiramezi ki ka rive jouk nan anile moun ak/oswa tout fanmi yo nan pwogram asirans sante Distri a bay yo, si vin gen prèv ki montre (e se pa sa sèlman) manm yo bay fo enfòmasyon nan aplikasyon an, si manm lan gen move konpòtman, si li gen pwoblèm pou konfòme li e pwoblèm konduit, jan li dekri nan règleman ELG-5000.18. Pou jwenn yon kopi règleman sa a, tanpri kontakte Sèvis Kliyan an nan (561) 642-1000.

TANPRI SIYEN ANBA A. SIYATI OU OBLIGATWA anba pou tout gran moun ki gen plis ke 18 an lan lis seksyon 2: Infomasyon fanmi.

Siyati chèf fanmi an: _____ Dat: _____

Ki lang ou pale oswa li? Anglè Panyòl Kreyòl Vizite sitwèb nou an nan www.hcdpbc.org
 Moun ki gadiyen legal paysan ka rampli fom sa a le paysan pa gen konesans oswa pa kompetan.

Souple fax aplikasyon komplet ak atachman yo nan 561-804-4229

Vizite sit nou yo nan WWW.hcdpbc.org

Health Care District Use Only	
Case Worker: _____	Date _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denial Reason: _____	

District Cares Attestation Workflow

The Health Care District of Palm Beach County administers the District Cares program for eligible, uninsured residents of Palm Beach County. The program is available to individuals and/or families who do not qualify for any other public assistance health coverage program and who meet income and residency requirements. The District Cares program offers members access to the C. L. Brumback Primary Care and Dental Clinics, Federally Qualified Health Centers owned and operated by the Health Care District of Palm Beach County. Trauma patients at either St. Mary's Hospital or Delray Medical can also qualify for the District Cares program.

Program Guidelines

When applying for the District Cares program, information documenting proof of residency, income and identification are required. Eligibility representatives are available to offer assistance in fulfilling the documentation requirements. At the Trauma hospital this should be completed by case worker. At the CL Brumback Primary Care Clinics this will be completed by the certified application counselor.

Residents who are potentially eligible for Medicaid should apply and receive a denial before submitting an application for the District Cares program. Residents who receive Medicare parts A and B benefit are not eligible for District Cares. Medicare recipients who are in need of prescription drug benefits should apply for Medicare Part D.

Being Considered

1. C.L. Brumback Primary Care Clinics (CLBPCC) or Trauma patients (St. Mary's Hospital or Delray Medical Center) in Palm Beach County are the only way to access the District Cares Voucher Program.
 - a. Be a resident of Palm Beach County
 - b. See a Primary Care Provider at CLBPCC or be a Trauma patient at one of the hospitals above.
 - c. Complete the District Cares attestation.
 - d. Certified Application Counselor will review and approve eligibility.

Instructions to Complete the Attestation Process

You will be asked questions by the CAC or Trauma Hospital eligibility team, and need to provide responses to all or it will delay the approval process. Only send copies of information, do not send originals.

Requirement Sections

Part 1. Head of Family Information

Proof of Palm Beach County residence and plan to stay in Palm Beach County. Include only **ONE (1)** of the following papers:

- a. A property tax bill or any information that shows ownership of property in Palm Beach County
- b. A copy of a Voter Registration Card
- c. A copy of a current lease or rent receipt that shows who the owner is and a way to contact them

- d. A mortgage statement
- e. A current Florida driver's license or vehicle registration that shows the same address that is on the application
- f. A current electric, phone, water, TV cable or any other utility bill that shows service at the same address that is on the application
- g. Palm Beach County school registration certificate of a member on the application
- h. A letter from an agency (social, religious, fraternal etc.) in Palm Beach County that shows a person in the family is enrolled.
- i. A Declaration of Domicile that has been filed at the courthouse.

Part 2. Family Information

This section addresses the size of the family and which family members are looking for health care coverage. You should include all minor children (under age 18) that are living in the household. Be sure to send in the two (2) forms of identification for everyone applying for health care coverage. **Do not** include grandparents, aunts, uncles, cousins, nieces, nephews. They should complete a separate application.

The identification that is needed is a copy of **any two (2)** items listed below for each person in the family. **Remember that a picture ID and a signed copy of the Social Security Card are the best kind of ID to send.**

- a. A Social Security Card or validated number
- b. US Certificate of Naturalization
- c. Any birth certificate (Any state or country) or registration card
- d. A letter or identification from any law enforcement person
- e. Any official passport
- f. Any Alien registration card
- g. School identification
- h. Any military identification card
- i. Church or Temple membership
- j. Medical Records
- k. Any Drivers license, any state, country or international

Part 3. Other Needed Information

This information assists with determining the best health coverage for the patient.

Part 4. Family Income information

Last four (4) weeks of the money earned (before deductions) to determine eligibility for health coverage. All money received from anyplace listed below is counted.

- a. AFDC
- b. Alimony
- c. Annuity

- d. Child Support
- e. Contributions/Support
- f. Loans
- g. Pensions
- h. Rental Income
- i. Unemployment
- j. Veterans
- k. Wages/Paystubs
- l. Worker's Compensation

Part 5. Allowable Income Deduction Information

Monthly payments for the following: alimony; child support; health insurance premiums; life insurance premiums; and/or medical payments.

Part 6. Family Expenses

Monthly family expenses. If nothing is paid, put a zero (0) in each box.

Process for CLB Primary Care Clinic CAC

1. After reviewing documents provided and questions answered by the patient. The CAC may ask for additional clarification. If nothing else is needed the CAC can approve for six months or deny District Cares Voucher program.
2. A Health Access letter will be sent to the patient with eligibility dates.
3. Patient will need to follow program guidelines and cannot see a specialist outside of the CL Brumback Primary Care Clinic or Trauma hospital without authorization.