

Application for Medicare Savings for Qualified Beneficiaries ARSeniors, QMB, SMB, QI-1

Si necesita este formulario en Español, llame al 1-800-482-8988 y pida la versión en Español

If you need this material in a different format, such as large print, contact your DHS county office.

Please answer all questions as completely and accurately as possible. If you do not have enough space for your answer, attach another sheet of paper to this application.

| | | | | | | |
|--------------------------------|------|------------|----------------------------|-------|------------------------|--|
| Last Name | | First Name | | MI | Social Security Number | |
| Medicare Number | | | Railroad Retirement Number | | VA Claim Number | |
| Birth Date | Race | Sex | County of Residence | | Telephone Number | |
| Street Address | | | City | State | Zip Code | |
| Mailing Address (If Different) | | | City | State | Zip Code | |

Are you 65 years or older? Yes No

Are you: Blind Disabled

Are you a U.S. Citizen? Yes No Submit documentation of alien status.

| | |
|----------------------------------|------------------------------------|
| Are you (check one): | |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Single | |

Living arrangement: (check one) Own Home Renting Other's Home Assisted Living

Please complete the following section for your spouse, if you live in the same household.

| | | | | | | | |
|-----------------|--|------------|----------------------------|----|-------------------------|--|---------------|
| Last Name | | First Name | | MI | Social Security Number* | | Date of Birth |
| Medicare Number | | | Railroad Retirement Number | | VA Claim Number | | |

• The Social Security Number is required if your spouse is applying for benefits.

Are you applying for your spouse also? Yes No If yes, complete the following.

Is your spouse a U.S. Citizen? Yes No Submit documentation of alien status.

Is your spouse 65 years or older? Yes No

Is your spouse: Blind Disabled

Do you have children under 18 (or under 21 if attending school) living in the home? Yes No

If yes, please complete the following information on each child.

| Child's Last Name | Child's First Name | MI | Date of Birth | Child's Income (Amount & Type) |
|-------------------|--------------------|----|---------------|-----------------------------------|
| | | | | |
| | | | | |

INCOME: Do you or your spouse have income from the following?

| Source of Income | Y | N | Source | Gross Pay (before deductions) | How often? | Who receives? |
|---|---|---|--------|----------------------------------|------------|---------------|
| Retirement, Social Security, SSI, Veterans Benefits | | | | | | |
| Employment, work, job, farming, self-employment (List all jobs for each person listed) | | | | | | |
| Child support, alimony, unemployment benefits, worker's compensation, student loans, grants | | | | | | |
| Miscellaneous income (part time work, babysitting, rental property, contributions from friends/relatives, roomers or boarders, insurance etc.) | | | | | | |

Is food, clothing, or shelter paid for or provided free of charge for you by someone else? Yes No

REAL/PERSONAL PROPERTY:

Do you own any real estate other than your home, including property that you own with others? Yes No

If yes, complete the following for each piece of real estate. Attach additional pages if necessary. **Do not list the house you live in.**

| Address or Location | Value | Amount Owed |
|---------------------|-------|-------------|
| | | |
| | | |

VEHICLES:

Do you or your spouse own a car, truck, motorcycle, boat, trailer, or other vehicle? Yes No

If yes, complete the following information about each vehicle (attach additional pages as needed)

| Make | Model | Year | Value | Amount Owed | Owner(s) |
|------|-------|------|-------|-------------|----------|
| | | | | | |
| | | | | | |

ASSETS: Check all assets owned by you or your spouse. Include any accounts or properties on which your name(s) appear. Include verification of trust funds. Attach additional pages if necessary.

| Type of Asset | Y | N | Where held (bank, insurance co., brokerage firm, etc.)? | Account/Policy # | \$ Value |
|-------------------------|---|---|--|------------------|----------|
| Cash | | | | | |
| Checking Account | | | | | |
| Savings Account | | | | | |
| Certificates of Deposit | | | | | |
| Promissory Notes | | | | | |

ASSETS: Continued

| Type of Asset | Y | N | Where held (bank, insurance co., brokerage firm, etc.)? | Account/Policy # | \$ Value |
|------------------------|---|---|---|------------------|----------|
| Stocks | | | | | |
| Bonds | | | | | |
| IRA | | | | | |
| Owner of a Mortgage | | | | | |
| Burial Plot/Crypt | | | | | |
| Burial Funds/Insurance | | | | | |
| Life Insurance | | | | | |
| Trusts | | | | | |
| Other | | | | | |

HEALTH INSURANCE:

- Do you have Medicare? Yes No
- Does your spouse have Medicare? Yes No
- Do you have other health insurance? Yes No
- Does your spouse have other health insurance? Yes No

If you or your spouse have other health insurance besides Medicare, please provide the following information and attach copies (front and back) of Medicare and insurance cards.

| Health Insurance Company Name | Address | Who is Insured? | Type of Coverage | Effective Date | Policy or Claim # |
|-------------------------------|---------|-----------------|------------------|----------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Would you like for someone to contact you about applying for the Supplemental Nutrition Assistance Program?
 Yes No

READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU SIGN THIS APPLICATION

- I understand that I must help establish my eligibility by providing as much of the requested information as I can.
- I authorize the Department of Human Services to make any inquiry concerning me and/or my spouse necessary to establish my eligibility for assistance.
- I authorize my employer(s), any banks, savings and loans, lending institutions or other financial institutions, etc., to release to DHS any information about myself or my spouse's circumstances as necessary to verify any information contained on this application.
- I authorize DHS to obtain information from any federal, other state agencies and other sources (including electronic databases) to confirm the accuracy of my statements.
- I understand that no person may be denied assistance on the grounds of race, color, sex, age, disability, religion, national origin, or political belief.
- I understand that I may request a hearing before the state agency representative if a decision is not reached on my case within the appropriate time limit or if I disagree with the decision reached.

- I agree to notify the Department of Human Services within 10 days if I or my spouse receive additional income, acquire or dispose of property or if any other changes occur in my circumstances.
- I authorize the Department of Human Services to examine all records of mine, or records of those receiving or having received Medicaid benefits through me, for the purpose of investigating whether or not any person may have committed Medicaid fraud, or for use in any legal, administrative, or judicial proceeding.
- I understand that I must provide my Social Security Number as a condition of my eligibility; and I understand that this number may be used by the Agency without my express permission in a computer match to obtain information relative to my eligibility for assistance from the Social Security Administration, Department of Workforce Services, Internal Revenue Service, or other agencies.
- **ASSIGNMENT OF MEDICAL SUPPORT.** I authorize any holder of medical or other information about me to release information needed for a Medicaid claim to DHS. I further authorize release of any information to other parties who may be liable for my medical expenses. As an eligibility condition I automatically assign my right to any settlement, judgment, or award which may be obtained against any third party to DHS to the full extent of any amount which is paid by DHS on my behalf. I authorize and request that funds, settlement or other payments made by or on behalf of third parties, including tortfeasors or insurers arising out of a Medicaid claim, be paid directly to DHS. My application for Medicaid benefits shall in itself constitute an assignment by operation of law and shall be considered a statutory lien of any settlement, judgment, or award received by me from a third party. A third party is any person, entity, institution, organization or other source which may be liable for injury, disease, disability or death sustained by me or others named herein, including estates of said individuals. I also assign all rights in any settlement made by me or on my behalf arising out of any claim to the extent of medical expenses paid by DHS, whether or not a portion of such settlement is designated for medical expenses. Any such funds received by me shall be paid to DHS. A copy of this authorization may be used in place of the original.
- ***The PRIVACY ACT of 1974** requires the Department of Human Services (DHS) to tell you: 1. Whether disclosure is voluntary or mandatory 2. How DHS will use your SSN; and 3. The law or regulation that allows DHS to ask you for the SSN. We are authorized to collect from your household certain information including the social security number (SSN) of each eligible household member. For the Medicaid Program, this authority is granted under Federal laws codified at 42 U.S.C. §§ 1320b-7(a)(1) and 1320b-7(b)(2). This information may be verified through computer matching programs. We will use this information to determine Program eligibility, to monitor compliance with program rules, and for program management. This information may be disclosed to other Federal and State agencies and to law enforcement officials. If a claim arises against your household, the information on this application, including all SSNs, may be provided to Federal or State officials or to private agencies for collection purposes. ***EXCEPTION:** In the Medicaid Program, information is disclosed without the individual's written consent only to: authorized employees of this Agency, the Social Security Administration, the U.S. Department of Health and Human Services, the individual's attorney, legal guardian, or someone with power of attorney; or an individual who the recipient has asked to serve as his representative AND who has supplied confidential information for the case record which helped to establish eligibility, or court of law when the case record is subpoenaed.

I have read the above statements, and I agree to the provisions. I understand that this form is signed subject to penalties for perjury. I understand that if I receive assistance to which I am not entitled as a result of withholding information or providing inaccurate information, such assistance will be subject to recovery by the Department of Human Services and I may be subject to prosecution for fraud and fined and/or imprisoned.

Signature of Applicant, Guardian, or Authorized Rep.

Signature of Applicant, Guardian, or Authorized Rep.

Date

Telephone Number

Guardian or Authorized Rep's Address

Witness (if signed by mark)

Date

Address of Witness/ Telephone Number

Signature of County Office Worker

Date

Name of Person Who Helped Complete Form

Date

This completes the application process for the Medicare Savings Program. Federal law requires that each state provide the opportunity to register to vote with every application for public assistance. The remaining pages of this packet are the Arkansas Voter Registration Application. Please answer the following question regarding voter registration:

Would you like to register to vote or change your voter registration address? Yes No

If you marked **Yes**, please complete and sign the Voter Registration Application that is attached. If you marked **No**, submit your Medicare Savings Program application to the Access Arkansas Processing Center, 1095 White Drive, Batesville, AR 72501.

ARKANSAS VOTER REGISTRATION APPLICATION

| | | | | | | | |
|---|---|-----------|----------------------------|--|-------------|----------|--|
| Check all that apply: <input type="checkbox"/> This is a new registration. <input type="checkbox"/> This is a name change. <input type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change. | | | | Office Use Only | | | |
| | | | | | Assigned ID | | |
| 1 | Mr. Mrs. Miss Ms. | Last Name | Jr. Sr. II. III. IV. | First Name | Middle Name | | |
| 2 | Address Where You Live (See Section "C" Below) (Rural addresses must draw map.) | | | Apt. or Lot # | City/Town | County | |
| 3 | Address Where You Receive Mail If Different From Above | | | Apt. or Lot # | City/Town | County | |
| 4 | Date of Birth _____ Month / Day / Year | | 5 | Home & Work Phone Numbers (Optional) (H) (W) | | 6 | |
| 7 | E-mail Address (Optional) | | | 8 Have you ever voted in a federal election in this State? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9 | ID Number - Check the applicable box and provide the appropriate number. <input type="checkbox"/> Arkansas Driver's license number _____ <input type="checkbox"/> If you do not have a driver's license provide the last 4 digits of social security number _____ <input type="checkbox"/> I have neither a driver's license nor social security number. | | | Signature of elector - Please sign full name or put mark. | | | |
| 10 | (A) Are you a citizen of the United States of America and an Arkansas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (B) Will you be eighteen (18) years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No (D) Have you ever been convicted of a felony without your sentence having been discharged or pardoned? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked No in response to either questions A or B, do not complete this form. If you checked Yes in response to either questions C or D, do not complete this form. | | | The information I have provided is true to the best of my knowledge. I do not claim the right to vote in another county or state. If I have provided false information, I may be subject to a fine of up to \$10,000 and/or imprisonment of up to 10 years under state and federal laws. | | | |
| | | | | 11 | | | |
| | | | | Date: _____ Month / Day / Year If applicant is unable to sign his/her name , provide name, address and phone number of the person providing assistance: Name: _____ Address: _____ City: _____ State: _____ Phone#: _____ | | | |

Please complete the sections below if: *MAIL REGISTRANTS: PLEASE SEE SECTION D.*

- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

| |
|-------------------------------------|
| Agency Code (For Official Use Only) |
| PA 04 |

| | | | | | |
|----------|----------------------------|--------------------|----------------------------|------------|----------------|
| A | Mr. Mrs. Miss Ms. | Previous Last Name | Jr. Sr. II. III. IV. | First Name | Middle Name(s) |
|----------|----------------------------|--------------------|----------------------------|------------|----------------|

Date of Birth _____
 Month / Day / Year

| | | | | | |
|----------|---------------------------------------|---------------|--------------|-------|----------|
| B | Previous House Number and Street Name | Apt. or Lot # | City or Town | State | Zip Code |
|----------|---------------------------------------|---------------|--------------|-------|----------|

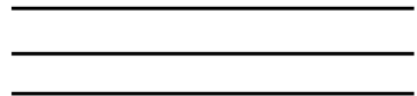
If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live.

| | | | | | | | | | | | |
|-----------------|---|--|---------|--|-----------------|--|--|--|--|-----------------|---|
| C | <ul style="list-style-type: none"> Write in the names of the crossroads (or streets) nearest where you live. Draw an "X" to show where you live. Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark. | | | | | | | | | | |
| Example | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 15%; text-align: center;">North ↑</td> </tr> <tr> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 15%; text-align: center;">• Grocery Store</td> </tr> <tr> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 15%;"></td> </tr> <tr> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 15%;"></td> </tr> <tr> <td style="border: 1px solid black; width: 15%; text-align: center;">• Public School</td> <td style="border: 1px solid black; width: 15%; text-align: center;">X</td> </tr> </table> | | North ↑ | | • Grocery Store | | | | | • Public School | X |
| | North ↑ | | | | | | | | | | |
| | • Grocery Store | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| • Public School | X | | | | | | | | | | |

| | |
|----------|--|
| D | <p style="text-align: center;">IDENTIFICATION REQUIREMENTS</p> <p>IMPORTANT: If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a valid Arkansas driver's license number or social security number, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: (a) a current and valid photo identification; or (b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.</p> |
|----------|--|

Arkansas Secretary of State
ATTN: Voter Registration
P.O. Box 8111
Little Rock, Arkansas 72203-8111

First
Class
Postage
Required



From:

Deadline Information

To qualify to vote in the next election, you must apply to register to vote 30 days before the election. If you mail this form, it must be postmarked by that date. You may also present it to a voter registration agency representative by that date. If you miss the deadline you will not be registered in time to vote in that election. *Please don't delay. Make sure your vote counts.*

If you are qualified and the information on your form is complete, you will be notified of your voting precinct by your local County Clerk.

To Mail

Fold form on middle perforation, tape the form closed, stamp and mail.

Questions?

Call your local County Clerk

Or

Arkansas Secretary of State

Mark Martin

Elections Division – Voter Services

1-800-482-1127

Contact your County Clerk if you have not received confirmation of this application within two weeks.

ARKANSAS VOTER REGISTRATION INFORMATION

Section 7 of the National Voter Registration Act (NVRA) of 1993 requires that each state provide the opportunity to register to vote with every application for public assistance and every recertification, renewal and change of address. This Voter Registration packet is an opportunity for you to register to vote or change your voter registration address. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application form in private.

No information relating to a declination to register to vote in connection with an application may be used for any purpose other than voter registration.

If you believe that someone has interfered with your right to: 1) Register to vote; 2) Decline to register to vote; 3) Privacy in deciding whether to register or in applying to register to vote; or 4) Choose your own political party or other political preference,

You may file a complaint with:

Secretary of State
Room 256 State Capitol
Little Rock, Arkansas 72201
1-800-482-1127

Mailing Instructions for Voter Registration

You have two options to submit your Voter Registration form.

1. You can submit the registration form in person or mail the registration form along with your SNAP or Medicaid application to your local county DHS office. The address for your county office can be found on the last page of this packet. Some applications (DCO-151 & DCO-152) must be mailed to the Jefferson County DHS office. If you are using one of these forms, you can mail the Voter Registration form with your application to that office. Upon receipt at any county office, that office will mail the form to the Secretary of State's office for you.
2. You may also mail the Voter Registration form directly to the Secretary of State's Office. To mail the form directly to the Secretary of State's office, separate the form from your application/renewal, fold the form along the middle perforation, seal the bottom with tape or staple, and mail to the address on the form. A stamp or stamped envelope is required for mailing.

DHS County Office Mailing Addresses

| County | Address | City | Zip | County | Address | City | Zip | County | Address | City | Zip |
|------------|-------------------------------|----------------|-------|---------------|------------------------------|--------------|-------|--------------|----------------------------|------------------|-------|
| Arkansas | 100 Court Square | DeWitt | 72042 | Grant | PO Box 158 | Sheridan | 72150 | Ouachita | PO Box 718 | Camden | 71711 |
| Arkansas | PO Box 1008 | Stuttgart | 72160 | Greene | 809 Goldsmith Rd | Paragould | 72450 | Perry | 213 Houston Ave | Perryville | 72126 |
| Ashley | PO Box 190 | Hamburg | 71646 | Hempstead | 116 N. Laurel | Hope | 71802 | Phillips | PO Box 277 | Helena | 72342 |
| Baxter | PO Box 408 | Mt. Home | 72654 | Hot Spring | 2505 Pine Bluff St | Malvern | 72104 | Pike | PO Box 200 | Murfreesboro | 71958 |
| Benton | 900 SE 13 th Court | Bentonville | 72712 | Howard | PO Box 1740 | Nashville | 71852 | Poinsett | PO Box 526 | Harrisburg | 72432 |
| Boone | PO Box 1096 | Harrison | 72602 | Independence | 100 Weaver Ave | Batesville | 72501 | Polk | PO Box 1808 | Mena | 71953 |
| Bradley | PO Box 509 | Warren | 71671 | Izard | PO Box 65 | Melbourne | 72556 | Pope | 701 N Denver | Russellville | 72801 |
| Calhoun | PO Box 1068 | Hampton | 71744 | Jackson | PO Box 610 | Newport | 72112 | Prairie | PO Box 356 | DeValls Bluff | 72041 |
| Carroll | PO Box 425 | Berryville | 72616 | Jefferson | PO Box 5670 | Pine Bluff | 71611 | Pulaski East | PO Box 8083 | Little Rock | 72203 |
| Chicot | PO Box 71 | Lake Village | 71653 | Johnson | PO Box 1636 | Clarksville | 72830 | Pulaski Jax. | PO Box 626 | Jacksonville | 72078 |
| Clark | PO Box 969 | Arkadelphia | 71923 | Lafayette | 2612 Spruce St. | Lewisville | 71845 | Pulaski No. | PO Box 5791 | N. Little Rock | 72119 |
| Clay | PO Box 366 | Piggott | 72454 | Lawrence | PO Box 69 | Walnut Ridge | 72476 | Pulaski So. | PO Box 2620 | Little Rock | 72203 |
| Cleburne | PO Box 1140 | Heber Springs. | 72543 | Lee | PO Box 309 | Marianna | 72360 | Pulaski Sw. | PO Box 8916 | Little Rock | 72219 |
| Cleveland | PO Box 465 | Rison | 71665 | Lincoln | 101 W. Wiley St. | Star City | 71667 | Randolph | 1408 Pace Rd | Pocahontas | 72455 |
| Columbia | PO Box 1109 | Magnolia | 71754 | Little River | 90 Waddell St. | Ashdown | 71822 | Saline | PO Box 608 | Benton | 72018 |
| Conway | PO Box 228 | Morrilton | 72110 | Logan-1 | #17 W. McKeen | Paris | 72855 | Scott | PO Box 840 | Waldron | 72958 |
| Craighead | PO Box 16840 | Jonesboro | 72403 | Logan-2 | 398 East 2 nd St. | Booneville | 72927 | Searcy | 106 School St | Marshall | 72650 |
| Crawford | 704 Cloverleaf Circle | Van Buren | 72956 | Lonoke | PO Box 260 | Lonoke | 72086 | Sebastian | 616 Garrison Ave | Ft. Smith | 72901 |
| Crittenden | 401 S. College Blvd | W. Memphis | 72301 | Madison | PO Box 128 | Huntsville | 72740 | Sevier | PO Box 670 | DeQueen | 71832 |
| Cross | 803 Hwy 64E | Wynne | 72396 | Marion | PO Box 447 | Yellville | 72687 | Sharp | 1467 Hwy 62/412 Ste. B | Cherokee Village | 72529 |
| Dallas | 1202 W. 3 rd St. | Fordyce | 71742 | Miller | 3809 Airport Plaza | Texarkana | 71854 | St Francis | PO Box 899 | Forrest City | 72336 |
| Desha | PO Box 1009 | McGehee | 71654 | Mississippi 1 | 1104 Byrum Rd. | Blytheville | 72315 | Stone | 1821 E Main | Mountain View | 72560 |
| Drew | PO Box 1350 | Monticello | 71657 | Mississippi 2 | 437 S Country Club | Osceola | 72370 | Union | 123 W 18 th St. | El Dorado | 71730 |
| Faulkner | 1000 East Siebenmorgan Road | Conway | 72032 | Monroe-1 | PO Box 354 | Clarendon | 72029 | Van Buren | 449 Ingram Street | Clinton | 72031 |
| Franklin | 800 W Commercial | Ozark | 72949 | Monroe-2 | 301½ N New Orleans | Brinkley | 72021 | Washington | 4044 Frontage | Fayetteville | 72703 |
| Fulton | PO Box 650 | Salem | 72576 | Montgomery | PO Box 445 | Mount Ida | 71957 | White | 608 Rodgers Drive | Searcy | 72143 |
| Garland | 115 Stover Lane | Hot Springs | 71913 | Nevada | PO Box 292 | Prescott | 71857 | Woodruff | PO Box 493 | Augusta | 72006 |
| | | | | Newton | PO Box 452 | Jasper | 72641 | Yell | PO Box 277 | Danville | 72833 |

***If you live in Pulaski County please check the zip code listing below to ensure that you mail or return your application to the appropriate Pulaski County DHS Office.**

Pulaski East: 72016, 72053, 72126, 72135, 72201, 72202, 72203, 72205, 72207, 72212, 72223, 72227

Pulaski North: 72046 (England), 72113, 72114, 72115, 72117, 72118, 72119, 72142 (Scott), 72190, 72231

Pulaski Jacksonville: 72023 (Cabot), 72076, 72078, 72099, 72106, 72116, 72120, 72124

Pulaski South: 72204, 72206 (Shared with Southwest)

Pulaski Southwest: 72002, 72065, 72103, 72208, 72209, 72210, 72211, 72164, 72180, 72183, 72206 (Shared with South)