



A NEW DIRECTION IN HEALTH CARE

# TENNCARE APPLICATION

## This is who can get TennCare after April 1, 1997:

### *People who live in Tennessee:*

- Who qualify for MediCAID or
- Who are losing MediCAID and have not been given a chance to buy health insurance at their workplace or at a family member's workplace or
- Who are uninsurable because they have been turned down for health insurance for health reasons or
- Who are losing COBRA eligibility or
- Who are children under age 18 whose parents have not been given a chance to buy health insurance for them at the workplace

This form is used to apply for TennCare as an uninsured or uninsurable person. To apply for MediCAID, contact the Tennessee Department of Human Services. If elderly or disabled contact a Social Security Office.

## Why do we ask you to tell us your income?

We use the family's total monthly income to decide if you must pay for your TennCare. If your income is above poverty, you pay: (1) monthly TennCare premiums and (2) part of your medical costs. If your income is below poverty, you do not pay for your TennCare services.

## How to use this form to apply for TennCare:

- Read the instructions on pages 3 and 4
- Fill in the application form on page 2
- Sign and Date the application
- Tear it off
- Make a copy for yourself if you can

## You should mail the application to:

TENNCARE BUREAU  
P.O. BOX 740  
NASHVILLE, TN 37202-0740

## If you want to prove you mailed your application:

You can take this application to the Post Office. Ask for a proof of date of mailing slip. It costs 55¢. Keep the slip. If your application is lost in the mail, the TennCare Bureau agrees that the slip proves you sent it.

## Need help? Have questions?

You can call the TennCare Hotline at 1-800-669-1851, or 741-4800 if you live in Nashville. You can also ask your county Health Department for help.

## Do you have a hearing impairment?

If you have a hearing impairment and use a TTY machine to talk on the phone, there are operators to help you. Your phone call will be answered by a TTY machine if you call 1-800-772-7647 or 313-9240 in the Nashville area. These telephone numbers are to be used only by those with a TTY machine.

## For those who speak Spanish:

Para mas informacion llame al centro de informacion del Proyecto en espanol de TennCare al Tel: 227-7568 si su llamada es en el condado de Davidson o condados que lo rodean, si es de larga distancia llame al Tel: 1-800-254-7568.

# TENNCARE APPLICATION

Please print clearly in dark ink.

Name of head of family: \_\_\_\_\_ Phone: (Home) ( ) \_\_\_\_\_ (Work) ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County You Live In: \_\_\_\_\_

Fill in the chart below, starting with the head of the family. Read the attached instructions before completing this application.

1	2	3	4	5	6	7	8	9	10	11	12	13	14
First Name	M I	Last Name	Social Security Number	Sex	Race	Date of Birth	U.S. Citizen Y/N	Have Health Insurance Now T/Y/NP	Can Get Health Insurance From Job Y/N	Been Denied Health Insurance Y/N	Dis- abled Y/N	Applying for TennCare Y/N	Total Monthly Income
The following line is an example:													
John	D	Doe	123-45-6789	M	W	04-09-75	Y	N	N	N	N	Y	\$ 600
List head of family first. Important: You must read the instructions to know who else to list.													

15. TennCare Health Insurance Plan You Want: \_\_\_\_\_

16. We protect the information you tell us about you and your family. We will only give this information out under the following situations: (1) to other agencies if needed in order to get information that may help us decide if you qualify for TennCare; (2) to agencies or health care providers that you or your family uses; (3) to the police in their investigation of a felony; and (4) to a Court if ordered to do so by the Court.

I/we authorize TennCare or its contractor to contact employers of the family members listed above and other agencies (IRS, TN. Dept. of Employment Security, credit bureaus, etc.) in order to verify eligibility and income. I/we certify under penalty of perjury that I/we have provided correct information on all family members living together. If I/we get TennCare, I/we agree to assign all benefits payable by another source (i.e., other insurance, lawsuit settlements, etc.) to TennCare.

Please sign below and write in the date.

Signature of head of family \_\_\_\_\_ Date \_\_\_\_\_

Spouse's signature, If Married \_\_\_\_\_ Date \_\_\_\_\_

## HOW TO FILL IN THE TENNCARE APPLICATION

Look at the example already filled in at the top of the chart. We used the name "John D. Doe" to show you how to fill in each block.

### Columns 1, 2 & 3: Who to List and Not List

Print first name, middle initial, and last name.

Do **NOT** just list all the relatives who live together. Look at the TennCare family groups below. Find the one that describes you. Put on your application only the people who are in the TennCare family group that applies to you. Some households will have several family groups sending separate application forms.

#### The TennCare family groups are:

- A married couple living together without children in the home
- A married couple and their children or step-children under age 21 who live with them
- A single parent and children under age 21 living together
- A guardian with children under age 21 living together
- An unmarried adult age 21 or older, with no children living with them
  - These persons should list only themselves, not their parents or another adult they live with.
- An unmarried person under age 21 who has children or is pregnant
  - She should list only herself and her children who live with her.
  - She should **NOT** list other relatives she lives with

#### Don't know who to list on your application?

Call the TennCare Hotline at 1-800-669-1851. (In Nashville, call 741-4800.) When the phone is answered, press "0" to talk to a person..

### Column 4: Social Security number

Print the Social Security number of each person listed. Double-check to make sure you got each number right.

### Column 5: Sex

Put an **M** for male of an **F** for female for each person listed.

### Column 6: Race

This block tells us the race of each person listed. You do not have to tell your race. We ask about race only to make sure that no one in TennCare is treated unfairly because of their race.

To tell us your race, use one of these letters for each person:

I = American Indian or Alaskan	W = White	H = Hispanic
A = Asian or Pacific Islander	B = Black	M = Mixed race

### Column 7: Date of Birth

Put each family member's date of birth. Write it like the "John D. Doe" example. Put the month first, the day next and the year last (example: - April 9, 1985 = 04-09-85).

### Column 8: U.S. Citizen

Put **Y** or **N** to tell us if each family member listed is a U.S. Citizen.

### Column 9: Have Health Insurance?

Put **T** (TennCare) for any family member who has TennCare now.

Put **Y** (Yes) for any family member who has one of the following kinds of health insurance:

- Health insurance from his/her job or a family member's job
- A medical insurance policy bought on his/her own
- MediCARE (red-white-blue insurance card for people on Social Security)
- CHAMPUS

*(Column 9 instructions continues on the next page)* ↓

*(column 9 - continued)*

Put **P** instead of Y if this insurance does not cover a health problem the person had before they got insurance.

Also put **P** instead of Y for anyone whose insurance is only a limited policy, such as a cancer, accident or hospital-only policy.

Put N (No) for anyone who has no health insurance.

**IMPORTANT:** If you put P for anyone, send a copy of the policy with the application.

### **Column 10: Could Get Health Insurance through Employer?**

Put Y or N to tell us if each person listed could buy health insurance at his/her job or at another family member's job. You must put Y here even if you do not buy this insurance because you think it costs too much.

Put N for each person who cannot buy health insurance at his or her job, or through the job of another family member.

### **Column 11: Turned Down for Health Insurance?**

Put Y if the person has been turned down for health insurance because of a health problem.

Put N for everyone who has not been turned down for health insurance.

**IMPORTANT:** If you put Y for anyone, send TennCare a copy of the insurance company letter turning him/her down.

### **Column 12: Disabled?**

Put Y or N to tell us if a family member has a physical or mental disability. You do not have to answer this question if you do not want to.

### **Column 13: Applying for TennCare?**

Tell us if each member listed is applying for TennCare or is already enrolled in TennCare:

- If the member is **now** enrolled in TennCare put Y in column 13
- If the member **wants to** enroll in TennCare at this time put Y in column 13
- If the member **does not want to** enroll in TennCare at this time put N in column 13

### **Column 14: Total Monthly Income**

Print the total monthly income for each adult, The total is the big amount (gross) before anything is taken out. Do not use the "take home" amount. Show only whole dollar amounts. For example put \$600 Not \$600.28.

#### **Include:**

- Money you earn from work
- Social Security checks
- Pensions
- Interest and dividends
- Rental profits
- Alimony
- Unemployment Compensation

#### **Do NOT include:**

- Child support you get
- Worker's Compensation
- Money a dependent child under 21 earns from work

#### **Still not sure what money to count?**

Call TennCare at 1-800-669-1851 (In Nashville, call 741-4800). When the phone is answered, press "0" to speak to a person.

### **Number 15: Pick the TennCare Health Insurance Plan You Want (This is also called a managed care organization or MCO)**

From the list included with this application, pick the TennCare Health Insurance Plan you want to join. Write the plan name here. If other family members belong to TennCare, you must choose the same plan they have. If you do not pick a TennCare Health Insurance Plan, we will pick one for you.

### **Number 16: Sign and Date**

Read the statements printed at the bottom of the application. The head of the family should sign and date the application. If married, the spouse should also sign and date the application.