

**Complete ONE application per family.
DO NOT LEAVE ANY SPACES BLANK.
PRINT CLEARLY.**

Instructions for Completing the NJ FamilyCare Application

Section 1

Household Information:

- **Address:**
List your home address.
If your mailing address is different from your home address, also write your mailing address in the space provided.
- **Telephone Numbers:**
Write your home telephone, cell phone numbers or another telephone number where we can reach you. Include area codes.
We must have a way to reach you.
- **E-mail Address:**
If you have an e-mail address, write it in the space provided.

List all Parents/Guardians and all children under the age of 21 living in household:

- **Name:**
The first adult listed will be considered the head of the household. It is important to list both parents, stepparents or guardians of the children, if they are living in the household. It is not necessary to list other adults who live in the household.
- **Social Security Number (SS#):**
You are not required to provide a Social Security Number (SSN) on this application. However, we encourage you to include SSN(s), especially for those family members who want NJ FamilyCare, because it often speeds up the enrollment process. This application is used to determine both Medicaid and Children's Health Insurance Program eligibility. In the event that a person applying is found to be Medicaid eligible, the person's SSN will be required to enroll the person in Medicaid in accordance with federal rules and regulations.
- **Citizenship: Applicant parents must be a US citizen or qualified immigrant including those with legal permanent resident status for at least 5 years. Applicant children under the age of 19 must be a US citizen, or qualified immigrant regardless of date of entry.**
 - If you checked "yes" to US Citizen, send any available documentation which proves the person requesting NJ FamilyCare is a U.S. citizen.
 - If you checked "yes" to Qualified Immigrant, you must send proof of immigration status and date of entry.
Examples of acceptable proof include:
 - The front and back of a Resident Alien Card
 - The Temporary I-551 stamp on a passport or Form I-94
 - Documentation indicating refugee or asylee status.
 - Documentation indicating a parent's US military service.
- **Health Insurance:**
 - If you checked "yes", you must send a copy of the front and back of the insurance card with the application. **Note: You may still qualify for NJ FamilyCare even if you have other insurance.**
 - **Health Insurance within the last 3-months:**
 - If you checked "yes", you must send proof that the insurance was terminated.
- **Relationship:**
List how each child is related to the 1st and 2nd parents/guardians listed in Section 1. An example of "Other" would be a niece, nephew or grandchild.
- **Unpaid medical bills:**
 - If you checked "yes", submit proof of all household income for the last three months.
- **Race/Ethnicity:**
 - If your child is a Native American Indian or Alaskan Native, please submit his/her tribal card.

Section 2

Income Information for parents/guardians and children under 21:

- **Name of person receiving income:**
It is important to include the names of all parents, stepparents, guardians and children between the ages of 16-20 in the household who are working.
- **Employer Name:**
List all jobs and employers for each working person in the household.
 - If you are self-employed or the owner of a business, you must submit a **signed** copy of your last 1040 (including Schedule C, Form S1120, Form 1065, Schedule E, and all the other related schedules) or your last profit and loss statement.
- **Full-time or Part-time:**
Part-time employment is less than 30 hours per week.
- **Work income per pay period before deductions:**
 - Send in one check stub that best shows your pay or other proof showing **gross** income (before deductions) for the most recent month. **Be sure to send copies of check stubs for every job listed for each working person.**
- **Other Income (not from work):**
Indicate the **type** of other income such as:
 - Supplemental Security Income (SSI);
 - Social Security survivors/retirement;
 - Social Security disability benefits;
- **Other income types (continued):**
 - Veteran's benefits;
 - Unemployment;
 - State disability;
 - Workers' compensation;
 - Pension or annuity;
 - Interest or dividends;
 - Alimony you receive*;
 - Child support you receive*;
 - Cash from friends or family*;
 - Income from rent (not what you pay); and
 - All other income.
- Send in copies of check stubs from the most recent month, award letters, or some proof of each kind of income received.
- ***No proof required**

Section 3

HMO Selection:

For you and your child(ren) to be enrolled in NJ FamilyCare, you must pick an HMO

- **Choose an HMO:**
See the application for the HMOs available in your county.
- **Who is your Doctor?**
If you or your child(ren) see a doctor, please list his or her name and address.

Signature:

• Read the Privacy Notice and the NJ FamilyCare Rights and Responsibilities prior to signing the application. Make sure you **SIGN** and **DATE** the application before sending it to NJ FamilyCare.

Remember to:

1. **Sign** the application.
2. **Send** proof of income (the most recent month) for each job and for all other income, including self-employment and rental income.
3. **Citizens:** **Send** documentation proving US citizenship for anyone applying for NJ FamilyCare.
Non-Citizens: **Send** a copy of the Resident Alien Card or other immigration documentation for anyone applying for NJ FamilyCare.
4. **Send** proof of any other health insurance, or the letter you received if your health insurance ended.

If you wish to contact NJ FamilyCare:

- ✓ **Call 1-800-701-0710**
(TTY 1-800-701-0720 for hearing impaired)
Mondays and Thursdays 8 a.m. to 8 p.m., and on Tuesdays, Wednesdays and Fridays 8 a.m. to 5 p.m.
We speak 150 languages.
- ✓ **Write to us:** NJ FamilyCare
P.O. Box 8367
Trenton, NJ 08650; or
- ✓ **Visit us online at:** www.njfamilycare.org

• Documentation must be sent.