

Rhode Island Health and Human Services
Application for Assistance- Medicaid/Health Coverage Checklist

Please read this sheet over if you are applying for Medicaid/Health Coverage. Answer the questions below and return this form with your completed application. Your answers will help us process your application more effectively.

Applicant's full name _____ **Social Security Number** _____

Check all that apply:

- Seeking Medicaid or a private health plan with financial help for a parent/caretaker, child(ren), pregnant woman, adult age 19 to 64 not receiving Medicare**
- Katie Beckett eligibility for a child up to age 18 with serious disabilities and are cared for at home**

Working adult with disabilities seeking Sherlock Plan eligibility.

Adult with intellectual/developmental disabilities seeking Medicaid/health coverage.

Applying for Medicaid Long-Term Services and Supports (LTSS)- for people who need help with everyday activities like eating, bathing, dressing, toileting, walking and the tasks necessary to live on their own such as shopping, managing medications, housekeeping and handling money and (check all that apply):

- Living now in a nursing home or assisted living residence.**
- Entering nursing home or assisted living residence.**
Name of nursing home/assisted living residence _____
Date of Entry _____
- Currently living in your own or someone else's home, or will soon be returning to your own or someone else's home.**
- Already have Medicaid, but looking for LTSS**
- Working with a community agency or Division of Elderly Affairs**
Name of agency _____

Need help paying for Medicare premium costs

Over age 65 and/or eligible for or enrolled in Medicare

RETURN THIS SHEET WITH THE COMPLETED APPLICATION FOR ASSISTANCE