

# JPS Health Network

## Application for JPS Connection Program

5/24/10

\*Must provide proof of residence (example - utility bill, lease agreement)

<b>Name:</b> _____			<b>Maiden Name:</b> _____		
(Last)	(First)	(MI)	Please check primary contact phone number		
<b>Address:</b> _____			<input type="checkbox"/> Own	<input type="checkbox"/> Home #: _____	
(Street)	(Apt. #)	(City)	(State)	(Zip)	(County)
<b>Email Address:</b> _____			<input type="checkbox"/> Rent	<input type="checkbox"/> Cell#: _____	
<b>Birth date:</b> _____			<b>Place of birth :</b> _____		
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female			<b>Is the patient pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married** (If married, spouse's signature is required)					
<b>Ethnicity:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____					
<b>Primary Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____					
<b>Have you ever received services through JPS Health Network?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Do you have insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**List the names of each person living in household** (attach additional sheets as necessary)

\*Must provide copies of identification documents such as a drivers license or birth certificate, and Social Security cards, Immigration card

Name	Relationship	Date of Birth	Social Security #	Employed	US Citizen / Perm. Resident	Is Person Applying?
1)				Y / N		Y / N
2)				Y / N		Y / N
3)				Y / N		Y / N
4)				Y / N		Y / N

**Income & Asset Information – Required for each adult member of household**

\*Must provide proof of income and assets (example – 4 current check stubs, and bank statements, most recent tax returns; award letters)

Income and asset information is not required from parents of an adult child who is applying for JPS Connection if parents are not applying for JPS Connection coverage

List the adult household members names	1)	2)	3)
<b>Monthly Income</b>			
Employer Name			
Employer Street Address			
Employer City/State/Zip			
Employer Phone #			
Covered by employer health insurance (Yes/No)			
Employment Income - monthly	\$	\$	\$
Self employed income	\$	\$	\$
Unemployment / Worker's Compensation	\$	\$	\$
Child Support / Alimony	\$	\$	\$
Pensions / Retirement	\$	\$	\$
Social Security (SSI) (Disability)	\$	\$	\$
VA Benefits	\$	\$	\$
Last year income tax return filed			
Gross taxable wages per tax return	\$	\$	\$
<b>Value of Assets</b>			
Property – value of home, land, buildings	\$	\$	\$
Automobile – Yr/Make/Model	\$	\$	\$
Bank Name(s)			
Bank Account Balances	\$	\$	\$
IRA/Other Investments	\$	\$	\$
<b>Major Expenses - Monthly</b>			
Mortgage Payments/Rent	\$	\$	\$
Child Support/Alimony	\$	\$	\$
Automobile payment (if applicable)	\$	\$	\$
Other Loan Payments	\$	\$	\$

"I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth in the completion of this application is committing a crime which can be punished under federal law and/or state law. Everything on this application is the truth as best I know it." If at any time false information is discovered, penalties will include, but are not limited to, loss of my benefits and the inability to reapply for the JPS Connection Program for no less than a period of ninety (90) days. I authorize JPS Health Network to run a credit bureau report for the purpose of making a preliminary determination of whether I meet the eligibility requirements for the JPS Connection Program. I also understand that any approval will be conditional based on the information reviewed in my credit report.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Signature of Co-Applicant/Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature is required to complete screening even if spouse is not requesting assistance at this time.