

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

3068

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La Costa Rickford
Operator's Signature

10/6/03
Date

2003 HOUSE HUMAN SERVICES

HCR 3068

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Yolanda Rickford
Operator's Signature

10/16/53
Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3068

House Human Services Committee

☐ Conference Committee

Hearing Date February 26, 2003

Tape Number	Side A	Side B	Meter #
2		X	39.0 - 61.4
Committee Clerk Signature <i>Sharon Penfaw</i>			

Minutes:

Rep. Niemeier appeared as prime sponsor handing out information and written testimony.

Rep. Price: Part of the reason that we went to the single application is that we thought we were losing some people and part of it was that some people don't like Medicaid and so we tried to go to an application that would encourage them to apply under CHIPS and if they were eligible for Medicaid that it would work for both. If we go back and try to take them apart again, are we going to go back to the same problem where people just don't apply?

Rep. Price: I understand your goal is to access as much of the federal dollars as we can, the higher percentage, but the only way I view us as having more children on CHIPS is to go back to that acquiring the asset test for the kids on Medicaid. We know some children move from CHIPS to Medicaid because of that, but we also felt that the asset test was a barrier for families applying because it was an 18 page application and there were a lot of those questions. If a child is eligible for Medicaid we can't put them on CHIPS regardless of what we want to do unless we

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House Human Services Committee

Bill/Resolution Number HCR 3068

Hearing Date February 26, 2003

go back to that old asset test again and we fought hard to get rid of that last time, is that something you are considering might be advisable?

Answer: If we increase the income eligibility level, there would be more children that would be eligible for CHIPS. That's why the study, to determine the cost effectiveness between those two programs.

Rep. Devlin: Have these in Trail County or wherever brought their concerns forward and if so, to whom and what happened?

Answer: Doesn't know for sure. They feel the combined application was done through the Legislative mandate and in talking to the social worker that she spoke with, didn't feel that their input was considered to the extent that they would have like it to. That's why I'm reopening this issue.

Rep. Price: The Outreach Group is very happy that there is only 1 application and its much shorter.

Wanda Rose, ND Children's Caucus appeared in support stating "what makes one more efficient than the other?", this resolution will get is that answer.

Dave Zentner, Director of Medical Services for Dept. of Human Services appeared neutral with written testimony. If we consolidate the process an eligibility is determined at the County level, all the information will flow to the counties and they will make the determination. The application will come in, the information will be entered into the system and will first look at Medicaid, if Medicaid isn't going to work then it will automatically go to Healthy Steps and the system will make the determination as to whether they are eligible.

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House Human Services Committee
Bill/Resolution Number HCR 3068
Hearing Date February 26, 2003

Rep. Price: About the only other way we'd address it is to pull all the eligibility into the State because as long as we are having two different sets of government working on it, we are always going to have a problem as far as coordination.

Answer: There certainly is an issue with that, that's why this whole issue is looked at about moving eligibility in division so we would have the tool necessary if we wanted to move forward to have one stop shopping for eligibility. Should really in one place or the other, County or State level.

Curt Volesky handed out the applications.

No opposition.

Rep. Price: Noted that the 4 page application was designed for Medicaid only. Mr. Zentner had addressed that sometimes its the fact that they want to find out if they are eligible for other programs at the same time and that is not what this application is designed for.

Rep. Potter moved a motion for DO PASS and placed on the Consent Calendar, second by Rep. Niemeier.

Rep. Devlin: I can't support and feel its a duplicate of what we've already studied.

Rep. Price: Regarding letter from Traill County Social Service Board, they believe that there is still 2 Healthy Steps applications and their talking about Healthy Steps is actually an extension of Medicaid and its not. I'm wondering if we have an education issue with some of our eligibility workers, and not in just Traill County.

Rep. Amerman: Concerns with what goes on between the parties, the dialog between the counties and the agencies and it may not be as good as we assume, but there still must be a problem.

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House Human Services Committee

Bill/Resolution Number HCR 3068

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Rep. Price: CHIPS has been interim study and they still meet with the Counties once or twice a month.

Rep. Wieland: It isn't the Social Service Directors and the Department that are having the problem, its the County Commissioners and the Department that are having the problem.

Rep. Price: Physicians get reimbursed more if they take CHIPS kids.

VOTE: 4 - 9 - 0

Motion Failed.

Rep. Devlin moved a DO NOT PASS, second by Rep. Kreidt.

VOTE: 9 - 4 - 0

Rep. Price will carry the bill.

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Yolanda Rickford
Operator's Signature

10/16/03
Date

24

Date: February , 2003
Roll Call Vote #: 1

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HCR 3068

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DP on Consent

Motion Made By Rep Potter Seconded By Rep Niemeier

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price - Chair		✓	Rep. Sally Sandvig	✓	
Rep. Bill Devlin, Vice-Chair		✓	Rep. Bill Amerman	✓	
Rep. Robin Weisz		✓	Rep. Carol Niemeier	✓	
Rep. Vonnie Pietsch		✓	Rep. Louise Potter	✓	
Rep. Gerald Uglem		✓			
Rep. Chet Pollert		✓			
Rep. Todd Porter		✓			
Rep. Gary Kreidt		✓			
Rep. Alon Wieland		✓			

Total (Yes) 4 No 9

Absent 0

Floor Assignment Rep.

If the vote is on an amendment, briefly indicate intent:

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La Costa Richard 10/6/03
Operator's Signature Date

26
Date: February, 2003
Roll Call Vote #: 2

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HCR 3068

House _____ HUMAN SERVICES _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DNP

Motion Made By Rep. Devlin Seconded By Rep. Kreidt

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price - Chair	✓		Rep. Sally Sandvig		✓
Rep. Bill Devlin, Vice-Chair	✓		Rep. Bill Amerman		✓
Rep. Robin Weisz	✓		Rep. Carol Niemeier		✓
Rep. Vonnice Pietsch	✓		Rep. Louise Potter		✓
Rep. Gerald Uglem	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Gary Kreidt	✓				
Rep. Alon Wieland	✓				

Total (Yes) 9 No 4

Absent 0

Floor Assignment Rep. Price

If the vote is on an amendment, briefly indicate intent:

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Operator's Signature

10/6/03
Date

REPORT OF STANDING COMMITTEE (410)
February 27, 2003 8:58 a.m.

Module No: HR-35-3548
Carrier: Price
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE
HCR 3068: Human Services Committee (Rep. Price, Chairman) recommends **DO NOT**
PASS (9 YEAS, 4 NAYS, 0 ABSENT AND NOT VOTING). HCR 3068 was placed on
the Eleventh order on the calendar.

(2) DESK, (3) COMM

Page No. 1

HR-35-3548

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10/6/03
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2003 TESTIMONY

HCR 3068

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Salvatore Riccio
Operator's Signature

10/6/03
Date

HOUSE CONCURRENT RESOLUTION 3068

Rep. Carol A. Niemeier, District 20

February 26, 2003

This study resolution is being introduced to assure that there will be continuing attention to these health insurance programs for low-income children and families. Considering the increasing need for assistance in this area caused by escalating medical costs, a depressed rural economy, and an ongoing goal for the well-being of our citizenry, it is important that we continually monitor and compare the cost effectiveness of Medicaid and Healthy Steps.

Premium costs under the administration of Noridian have risen dramatically for the biennium, including a 22% increase (to \$154.00) for Healthy Steps and a 25% increase (to \$185.00) for Medicaid clients. This changes the program disparity from \$10 to \$30. A significant difference.

It is also necessary to review the income eligibility levels for Healthy Steps and the outreach efforts to extend coverage to additional low-income children and to maximize the capture of federal funds.

The Joint Application for the two programs has been in use in the counties for a year and several problem areas have been identified by Eligibility Workers. Some Regions are now gathering information to implement a better plan and that work needs to be encouraged and ratified through legislation.

I recommend that HCR 3068 receive a Do Pass and advance to an Interim Comm.

TRAIL COUNTY SOCIAL SERVICE BOARD

Address Reply to
County Director

P.O. Box 190
Hillsboro, ND 58045
Phone: 701-636-5220
Fax: 701-636-5221

February 26, 2003

TO: Carol Niemeier
District 20 Representative

Thank you for your interest in Eligibility Workers from North Dakota and addressing one of the issues that concerns what we do on a daily basis. That issue is the Healthy Steps application that we are currently working with.

I am a member of the N.E.W. (National Eligibility Workers Association) and there has been some discussion regarding this issue at our regional meetings and at the state board meetings. After hearing those discussion, I feel the consensus of the eligibility workers is that they do not like the Healthy Steps Application. The application usually is sent first to the state office and then if it appears there may be eligibility for Medicaid the application is sent (often faxed) to the respective county office. The faxed application can be hard to read, often is incomplete so that we have to enter an application and pend it for additional information.

Marcia Beglau, Director from Griggs County Social Services sent us a "5 Minute Survey". I believe this was sent on behalf of the Directors Association. This survey requested information regarding Healthy Steps and regular Medicaid applications taken in the months of November and December and was to be submitted by January 3, 2003. The questions asked had to do with the number of applications, if we encountered any problems with the applications and concerns we had as eligibility workers regarding the applications. To date, we have seen any results from that survey.
_{not}

Eligibility workers in Traill County feel the Healthy Steps application and process is confusing for both the client and the eligibility worker. There are two different Healthy Steps applications along with the Medicaid application. The client and/or whoever is assisting that client may not be aware of which application should be used. This often results in lack of information for eligibility to be determined for the program that may best serve the applicant. It is our opinion that one application should be used and would prefer that it be the Medicaid application. We feel that clients often are not aware that

Richard Costa
Operator's Signature

10/10/03
Date

TRAIL COUNTY SOCIAL SERVICE BOARD

Address Reply to
County Director

P.O. Box 190
Hillsboro, NE 58045
Phone: 701-636-5220
Fax: 701-636-5221

Healthy Steps is actually an extension of the Medicaid program and do not understand why the county is getting involved with their Healthy Steps application. A current situation with the Healthy Steps application that happened in our office is that the Healthy Steps application was received, additional information was needed and a pending notice was sent to the family. The information was not received and application was denied. After some conversation with the family, a Medicaid application was sent to them. Before this was returned another Healthy Steps application was received from the state office. This results in families not having coverage for benefits they may be eligible for.

Kathryn Strandberg
Pamela Nelson
Allen Erickson
Eligibility Workers
Traill County Social Services
Hillsboro ND

Salvatore Riccardi
Operator's Signature

10/16/03
Date

**TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE
REGARDING HOUSE CONCURRENT RESOLUTION 3068
FEBRUARY 26, 2003**

Chairman Price, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you today to provide information regarding this resolution. The Department's position is neutral.

Currently, the county social service offices determine Medicaid eligibility and the Department determines Healthy Steps eligibility. In May 2002, a four page joint application that requests information necessary to determine eligibility for both programs was completed. Applications for individuals, who apply with the Department for Healthy Steps and are potentially eligible for Medicaid, are faxed directly to the county for their review. Before the completion of the joint application, individuals who were potentially eligible for Medicaid were sent a separate Medicaid application that had to be completed and filed with the county.

Currently, the county social service offices use the Vision system to determine Medicaid eligibility and the Department maintains the Healthy Steps client information on the Natural system. The Vision system would need to be updated, to include Healthy Steps, if the counties are to determine eligibility for both programs.

The Dakota Medical Foundation received a grant from the Robert Wood Foundation. Part of the grant will be used to conduct a pilot project in Cass County where individuals will determine eligibility for both Medicaid and the Healthy Steps program. If the pilot project is successful, they intend on expanding the project throughout the entire state.

The Dakota Medical Foundation has stated they are willing to provide some of the matching funds needed to update the Vision system. We are waiting on a response from the Center for Medicaid and Medicare Services (CMS) to see if they will allow the state to use these funds in place of general funds.

Administrative costs also need to be considered as CMS limits administrative costs to 10% of program costs. For the federal fiscal year ended September 30, 2002, the Department incurred administrative costs totaling \$106,468, which was under the 10% limit amount of \$526,782.

I would be happy to respond to any questions you may have.



HB 3068

NORTH DAKOTA HEALTHY STEPS INSURANCE APPLICATION

PREMIUM FREE HEALTH INSURANCE

General Requirements

To be eligible for enrollment, a child must meet the following requirements:

1. A son or daughter, stepchild, legally adopted child, or a child between the ages of 0 through 18 years old for whom you or your living spouse are legally appointed guardian.
 2. A resident of the state of North Dakota.
 3. Cannot be covered under any other health insurance coverage, and cannot be eligible for Medicaid. (Indian Health Service is not a health insurance coverage.)
 4. Household income must be within Healthy Steps guidelines. (See table)
- The number of people in the family includes the parents, children and unborns.
 - Add together all the income received by all family members. Deduct child care out-of-pocket expenses and taxes. If your income is below or slightly more than the income level amounts, your children may qualify.



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Yolanda Richardson
Operator's Signature

10/16/03
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APPLICATION INSTRUCTIONS

QUESTION 1: Write in the information about the person who is applying for the child(ren). This should be the person the department can contact for any questions concerning the application.

QUESTION 2: Write in the names and ages of ALL other adults including spouse age 19 and older living in your household who are related to you or to your child(ren). If individual is employed, indicate if they are or are not a student. Indicate relationship to the child(ren).

QUESTION 3: Write in your child's full name (Last, first, middle initial). The child's mother's full name and the child's father's full name. Tell us your child's gender by marking an 'X' for male or female. Tell us what race your child is by indicating American Indian or Alaskan Native (I), Asian (A) or Pacific Islander (P), Black (B) (not of Hispanic origin), Hispanic (H), or White (W) (not of Hispanic origin). Tell us your child's birth date by entering month, day and year. Enter your child's Social Security Number.

Put an 'X' in the yes or no box to tell us if the child is an US Citizen. If the child you are requesting Healthy Steps for is not a US Citizen, please provide us with proof of citizenship status.

For an unborn child, write "unborn" for child's name and write in the child's expected date of birth - other information can be left blank.

QUESTION 4: Voluntary Information. Put an 'X' in the yes or no box to tell us if your household assets exceed the amount indicated. See Explanation of Assets on insert.

QUESTION 5: List any information concerning health insurance coverage your children have or did have in the last six months. Indicate who was covered under the insurance.

QUESTION 6: Enter **ALL INCOME** your household receives. **ATTACH PROOF OF ALL INCOME.** For regular earnings provide copies of last months paystubs. If your household has more than two earned incomes, please provide additional information on a separate sheet. If you are self-employed, provide copies of Page 1 and 2 of 1040 and Schedule C, E, F or K (if applicable) of your federal income tax returns for the last three years. If you have not been self-employed for a full three years, send us copies of the years you have been.

QUESTION 7: Write in the amount of **out-of-pocket** expenses you pay per child for child care while you are working or going to school.

QUESTION 8 and 9: If you are responsible for any court ordered alimony or child support, indicate by marking with an 'X'. If yes, write in the amount.

QUESTION 10: Put an 'X' in the yes or no box to tell us if your child(ren) are currently covered under North Dakota Medicaid, and if 'yes', write in the child(ren)'s name.

QUESTION 11: Please tell us how you heard about 'Healthy Steps'.

QUESTION 12: Please tell us where you take your children for medical appointments.

QUESTIONS 13 and 14: Please read and sign the statement. Mail the application to the address listed. If you have questions, call 1-800-755-2604.

Send Completed Application Including Copies of Income to: North Dakota Healthy Steps
600 E. Boulevard Ave. Dept 325
Bismarck, ND 58505-0261

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These limits are effective April 1, 2002 through March 31, 2003. Income limits increase around April of each year. These income levels are [Net] Income Amounts. (Take Home Pay)

Number of people in family (Count parent(s) and children)	Income levels to qualify for ND Healthy Steps	
	Maximum Allowable Monthly NET Income	Maximum Allowable Annual NET Income
1	\$1,034	\$12,404
2	\$1,394	\$16,716
3	\$1,753	\$21,028
4	\$2,112	\$25,340
5	\$2,472	\$29,652
6	\$2,831	\$33,964
7	\$3,190	\$38,276
8	\$3,550	\$42,588
9	\$3,909	\$46,900
10	\$4,268	\$51,212

- For family households over ten people, increase the monthly income amount by \$360 for each additional person or increase the annual income amount by \$4,312.

Question 4 - Explanation of Assets

Don't Count:

- Your income
- Property used to produce income (example: farm)
- One vehicle
- Your home
- Personal effects

Things to Count:

- Checking account balance
- Savings account balance
- Cash value of any IRA's, CD's, trusts or annuities, life insurance policy
- Value of all vehicles not work related or used to produce income
- Value of items such as camper, boat or motorcycles

La Costa Richard
Operator's Signature

10/16/03
Date



MEMBERSHIP APPLICATION FOR NORTH DAKOTA HEALTHY STEPS INSURANCE PROGRAM

ND DEPARTMENT OF HUMAN SERVICES/Medical Services
SFN 214 (Rev. 01-2002)

Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose this information will not affect participation in this program.

Person Applying for the Child or Children

PLEASE PRINT

Name: (Last, First, MI)		Home Telephone Number:		Work Telephone Number:				
Home Address: (Street)	Apt. #:	City:	State:	Zip:	County:			
Mailing Address: (If different from above - Street)	Apt. #:	City:	State:	Zip:	County:			
2. Are any other individuals in your household over age 19 living with you? If so, list their names and the relationship to the children.								
Name		Age	Student Yes No		Relationship to Child(ren)			
3. Tell us the names of every child under age 19 in your household including unborns. (Unborn children are included in determining household number). Provide child's SSN (Optional). If the child you are requesting assistance for is not a US citizen, provide verification of citizenship status.								
Child's Name (Last, First, MI)	Mother's Name (Last, First, MI)	Father's Name (Last, First, MI)	Gender M F	Race	Child's Date of Birth	Child's Social Security Number	US Citizen Yes No	
4. VOLUNTARY INFORMATION Not required. Your answer will not affect your eligibility but may help the state to get additional federal money to pay for health care programs. Do your household assets exceed \$3000 for a single individual or pregnant woman; \$6000 for household of two or \$6,025 for three (add \$25 for every additional household member)? Do not include one auto, the home you are living in, clothing, household effects or income producing property. <input type="checkbox"/> Yes <input type="checkbox"/> No See explanation of assets.								
5. Tell us about any health insurance coverage the children already have. (Indian Health Service is not Health Insurance Coverage)								
Health Insurance Company:								
If no health insurance, when and why did the coverage end?								
6. TELL US HOW MUCH INCOME YOUR FAMILY HAS. ATTACH PROOF OF ALL INCOME. We need proof of all of your income. For earnings, provide copies of pay stubs for the last month. If you do not have pay stubs, you may provide a letter from your employer. If your household has more than two jobs, please list all requested information on a separate sheet. (IF YOU ARE SELF EMPLOYED, SEND COPIES OF PAGE 1 AND 1040 AND SCHEDULE C, E, F, OR K (IF APPLICABLE) OF YOUR LAST THREE YEARS FEDERAL INCOME TAX FORM.) If you are not sure what to send, call our toll-free number 1-800-755-2604. Enter GROSS pay, not take-home pay. Enter zero (0) if you or your spouse are not employed.								
Your Income From Employment(s)				Other Adult's Income From Employment				
Employer Name:				Employer Name:				
Amount earned each pay period before taxes: (Gross) \$				Amount earned each pay period before taxes: (Gross) \$				
<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly				<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 wks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly				
PLEASE ATTACH COPIES OF ALL WAGE STATEMENTS COVERING ONE FULL MONTH				PLEASE ATTACH COPIES OF ALL WAGE STATEMENTS COVERING ONE FULL MONTH				
Hours worked each week:				Hours worked each week:				

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6. (Continued)

PLEASE ATTACH PROOF OF ALL INCOME IDENTIFIED BELOW

Other Income	Amount	How Often Do You Get This Income?	Which Family Member Gets This Income?
Child Support	\$		
Allmony	\$		
Social Security Payment	\$		
Unemployment Benefits	\$		
Rental Income	\$		
Other (Please explain)	\$		

7. Do you pay someone to take care of your child(ren) while you are at work or school? ☐ Yes ☐ No
If yes, enter child's name and the amount of out-of-pocket expenses you pay:

Child's Name	Amount Per Month
	\$
	\$
	\$

8. Do you pay court ordered allmony? ☐ Yes ☐ No If "YES", how much per month? \$

9. Do you pay court ordered child support? ☐ Yes ☐ No If "YES", how much per month? \$

10. Are any of your children receiving Medicaid? ☐ Yes ☐ No If "YES", which children?

Child's Name	Medicaid ID Number

11. How did you find out about this program? ☐ TV ☐ Newspaper ☐ Radio ☐ Other Tell us where you got this application?

12. Who does your child(ren) see for routine medical care?

13. Mail this completed, signed form, together with proof of income to:

North Dakota Healthy Steps 600 E Boulevard Ave Dept 325 Bismarck ND 58505-0261	OR Application can be dropped off at:	Medical Services Third Floor Judicial Wing Room 309 State Capitol Building Bismarck ND 58505
--	---------------------------------------	---

If you need more information, please call this toll-free number: 1-800-755-2604.

Your Rights and Responsibilities

- I know that the information I have given is confidential subject to the above authorization for the release of information I have given to the Department and the insurance carrier. I understand that if any information is released to the Department from the insurance carrier, the Department is still bound to keep individually-identifying information confidential.
- I know that any information I have given may be reviewed and verified by State staff. Also I understand that I must cooperate fully with ND state and federal workers if my case is reviewed. No additional permission is needed to get verification or other information.
- I know that this application will be considered without regard to race, color, sex, age, disability, religion, national origin or political belief.
- Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose this information will not affect participation in this program.

Please sign this statement:

I certify that the information I have provided above is true to the best of my knowledge and I give permission for the State of North Dakota to make any necessary contacts to check my statements. I have read the list of my rights and responsibilities that is printed below. I know that I could be penalized if I knowingly give false information. By signing this application, I authorize the Department and the insurance carrier providing the Healthy Steps plan insurance to release to each other information regarding any services or benefits I receive under the plan if I am deemed eligible.

Signature of Applicant:	Date:
-------------------------	-------

La Costa Richardson
Operator's Signature

10/16/03
Date