



SECTION 3. Income/Dependent Care List all income received and all dependent care paid by household members.

INCOME:	AMOUNT BEFORE Taxes and Other Deductions	HOW OFTEN? (Weekly, Monthly, Every 2 weeks, Etc.)	NAME OF PERSON RECEIVING (Include only income of the children/parents at the address listed on the application)	DID YOU INCLUDE PROOF OF INCOME?
Current employer's name: _____				<input type="radio"/> Yes <input type="radio"/> No
Current employer's name: _____				<input type="radio"/> Yes <input type="radio"/> No
Social Security (RSDI)				<input type="radio"/> Yes <input type="radio"/> No
Supplemental Security Income				<input type="radio"/> Yes <input type="radio"/> No
Workers' Compensation				<input type="radio"/> Yes <input type="radio"/> No
Pensions or Retirement Benefits				<input type="radio"/> Yes <input type="radio"/> No
Child Support (List amount each child receives.)				<input type="radio"/> Yes <input type="radio"/> No
Self Employment				<input type="radio"/> Yes <input type="radio"/> No
Contributions				<input type="radio"/> Yes <input type="radio"/> No
Unemployment Benefits				<input type="radio"/> Yes <input type="radio"/> No
Other Income, please specify: _____				<input type="radio"/> Yes <input type="radio"/> No

Do you pay for dependent care (or care for an adult who cannot care for himself/herself) so that someone in your household can work?

NAME OF ADULT WHO WORKS	NAME OF CHILD OR ADULT CARED FOR	UNDER THE AGE OF 2 ?	NAME OF DAY CARE OR CAREGIVER	AMOUNT PAID	HOW OFTEN? Weekly, BiWeekly, Monthly, Etc.
		<input type="radio"/> Yes <input type="radio"/> No			
		<input type="radio"/> Yes <input type="radio"/> No			



SECTION 4. Proof of Income

You will be requested to provide the most recent copies of proof of all your income. You may provide verification with your application or you may choose to be notified by mail. These are the types of information you need to send for your application to be processed:

For money you earn by doing a job or service, you must send:

Weekly pay - (4) weeks of pay stubs (4 most current paystubs)—OR—Bi-Weekly pay - (2) pay stubs received every other week (2 most current paystubs)—OR—Semi-Monthly - (2) pay stubs received two times a month (2 most current paystubs)—OR—Monthly - (1) pay stub received one time a month (two most current paystubs)—OR—Paid Cash - Letter from Employer signed by an Officer of the Company on Company letterhead—OR—Yearly - Tax Forms filed—OR—Self Employment Documents - such as federal income tax return or business records including receipts, bills and invoices.

Please show proof of money anyone in the household receives from any agencies, parents or relatives, or any other sources. This might include: • SSI or SSA - Current year award letter • Unemployment check - (4) weeks of pay stubs (4 most current paystubs) • Workers' Compensation - letter from insurance company stating amount received and how often received, provide contact name and number. • Contributions - a signed/dated letter from person who gives you money, provide name, address and contact number. Provide amount received and how often received. • Child Support (paid directly to you) - a signed/dated written statement from the parent who gives you money, provide the name, address and contact number. Provide amount received and how often received. • Child Support (paid through court) - court papers or letter stating the amount of income received and how often it is received. • Other Unearned Income - a signed/dated letter stating amount received and how often received. Provide name, address and contact number or (4) weeks of pay stubs (4 most current paystubs).



SECTION 5. Understanding/Authorization Sworn Statement of Member.

I certify that I have provided true and accurate information about my family and income. I understand that my eligibility for on-going Planning for Healthy Babies services must be reviewed one year after approval. Proof of Citizenship or legal immigration status must be verified for eligibility for Planning for Healthy Babies. Failure to comply will result in a denial of your application. Social Security Numbers are used for computer matches with other agencies in order to assist in verifying eligibility for Planning for Healthy Babies.

I am applying for Planning for Healthy Babies or Medicaid for myself, I certify under penalty of perjury that I am a U.S. Citizen and/or lawfully present in the United States.

APPLICANT'S SIGNATURE DATE OF APPLICATION / /
MM/DD/YY

I, along with my other household members, wish to be considered for Medicaid for which we are potentially eligible.

I agree to assign to the State all rights to medical support and to payment for medical care from any third party (hospital and medical benefits). I agree to cooperate with the State in identifying and providing information to assist the State in pursuing any third party who may be liable to pay for care and services. I understand that I must report any payments received for medical care within 10 business days of receipt.

I am a parent or legal guardian, I certify that the applicant(s) is a U.S. Citizen and/or lawfully present in the United States.

PARENT OR LEGAL GUARDIAN'S SIGNATURE DATE OF APPLICATION / /
MM/DD/YY

Please mail application and income documents to:

Planning for Healthy Babies (P4HB), P.O. Box 1810, Atlanta, GA 30301-1810 OR Fax to: 1-888-744-2102

If you have any questions, please call toll free: 1-877-P4H-B101 (744-2101)