



# PRESUMPTIVE ELIGIBILITY (PE) APPLICATION ONLY

This application is used for Presumptive Eligibility (PE) determinations for:

- Children (HMK **Plus** and HMK) • Former Foster Care Children, ages 18 up to 26 • Parent/Caretaker Relative Medicaid
- Pregnant Woman • Breast & Cervical Cancer • Individuals between the ages of 19-64

For ongoing coverage, applicants may:

- <http://www.healthcare.gov> /or phone 1-800-318-2596
- [Apply online at www.apply.mt.gov](http://www.apply.mt.gov) or phone 1-888-706-1535
- Apply by mail using a paper **Application for Health Coverage**. Mail application to: P.O. Box 202925, Helena, MT 59620-2925

## **Applicant Information** - Please PRINT CLEARLY.

First Name:	Last Name:
Home Address:	City/State/ZIP:
Mailing Address (if Different):	City/State/ZIP:
Home or Cell Phone:	Message Phone:

**Household Information** -- Complete for every person living in the household. List adults first, then children. Social Security Numbers are requested **but are not required**. \*U.S. Citizenship and \*Qualified Non-Citizen status **ONLY** need to be included for persons applying for Presumptive Eligibility. **\*\*Answer ONLY for HMK.**

Name (First – Middle Initial – Last)	Relationship to Applicant	Apply for PE? (Y/N)	Social Security Number	Date of Birth (mm/dd/yyyy)	Gender (M/F)	*U.S. Citizen (Y/N)	<u>SEE PAGE 3 ADDENDUM</u> *Qualified Non-Citizen (Y/N)	Montana Resident (Y/N)	**Has Health Insurance (Y/N)
1	<u>(self)</u>								
2									
3									
4									
5									
6									

Is anyone in the household pregnant? \_\_\_\_Yes \_\_\_\_No If "Yes", who? \_\_\_\_\_ Date Due \_\_\_\_\_ How many unborns? \_\_\_\_  
Was anyone in Foster Care and receiving Medicaid at age 18? \_\_\_\_Yes \_\_\_\_No If "Yes", who? \_\_\_\_\_

### Household Income Information and Applicant Signature

**Earned Income** -- List this MONTH'S total gross wages before taxes for each person; **Unearned Income** -- List all monthly unearned income (i.e., Unemployment, Social Security, Pensions, Interest/Dividends) for each person. (Do not include Child Support or Worker's Comp)  
(Please Print)

First Name	Earned Income Total	Unearned Income Total	TOTAL (Monthly Gross)

COMBINED TOTAL MONTHLY GROSS INCOME = \$ \_\_\_\_\_

(Applicant OR Parent/Guardian/Other) – I understand the questions on this application and the penalty for withholding or giving false information. I certify, under penalty of perjury, all my answers are correct and complete to the best of my knowledge. I understand the information provided on this application can be used to establish identity for children under age 16.

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_  
(Please Print)

(Presumptive Eligibility may last 60 days or less and is limited to once every 365 days OR once/pregnancy).

### **FOR OFFICE USE ONLY – Qualified Entity must complete all information below:**

COMBINED TOTAL MONTHLY GROSS INCOME for Household: \$ \_\_\_\_\_ \*\* Household Size \_\_\_\_\_

(\*\*Compare this amount to the Income Calculation Tool for the appropriate category of applicant(s) based on household size, then finalize determination).

DATE DETERMINED (mm/dd/yyyy) \_\_\_\_\_ Facility \_\_\_\_\_

QE Signature \_\_\_\_\_ QE Name (print) \_\_\_\_\_

QE Phone \_\_\_\_\_ QE FAX \_\_\_\_\_ QE Email \_\_\_\_\_

Within 5 days of Determination, SCAN application AND Proof of Temporary Coverage form, then [create a secure ePass account at transfer.mt.gov](#), and [mailto:hhs presumptive@mt.gov?subject=Presumptive Eligibility Application Submittal](mailto:hhs presumptive@mt.gov?subject=Presumptive%20Eligibility%20Application%20Submittal)  
OR FAX same documents to: 1-877-418-4533

## **Presumptive Eligibility Application Addendum for Qualified Non-Citizens**

**ALL PERSONS WHO ARE IMMIGRANTS NEED TO REVIEW THE FOLLOWING INFORMATION TO DETERMINE IF THEY ARE A QUALIFIED NON-CITIZEN; THEN THEY SHOULD MARK THE APPROPRIATE RESPONSE ON PAGE 1.**

**Those who are in ANY of the following groups would be considered a Qualified Non-Citizen:**

- Lawful Permanent Residents (LPR/Green Card Holder)\*\* -- SEE FURTHER INFORMATION, BELOW
- Asylees
- Refugees
- Cuban/Haitian entrants
- Paroled into the U.S. for at least one year
- Conditional entrant granted before 1980
- Battered non-citizens, spouses, children, or parents
- Victims of trafficking and his or her spouse, child, sibling, or parent or individuals with a pending application for a victim of trafficking visa
- Granted withholding of deportation
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Children lawfully residing in the state of Montana (lawfully present and otherwise eligible for Medicaid or HMK in the state, including being a state resident)

**\*\*In order to get Medicaid coverage, under current law most ADULT Lawful Permanent Residents or green card holders have a 5-year waiting period. This means they must wait 5 years after receiving “qualified” immigration status before being eligible for Medicaid. There are also exceptions -- Lawful Permanent Residents who don’t have to wait 5 years -- such as people who used to be refugees or asylees.**

**Montana has removed the 5-year waiting period to cover lawfully residing children who are otherwise eligible for Medicaid or HMK. A child is “lawfully residing” if lawfully present and otherwise eligible for Medicaid or HMK in the state (including being a state resident).**

**NOTE: Immigrants who are qualified non-citizens are generally eligible for Medicaid and Children’s Health Insurance Program (HMK) coverage IF they are otherwise eligible for Medicaid and HMK in the state; that is, if they meet Montana’s income eligibility rules.**