



**COLORADO**

**PEAK**

Colorado.gov/PEAK™

**Shared Eligibility System Walk-Through**

**Building Better Health 2016**

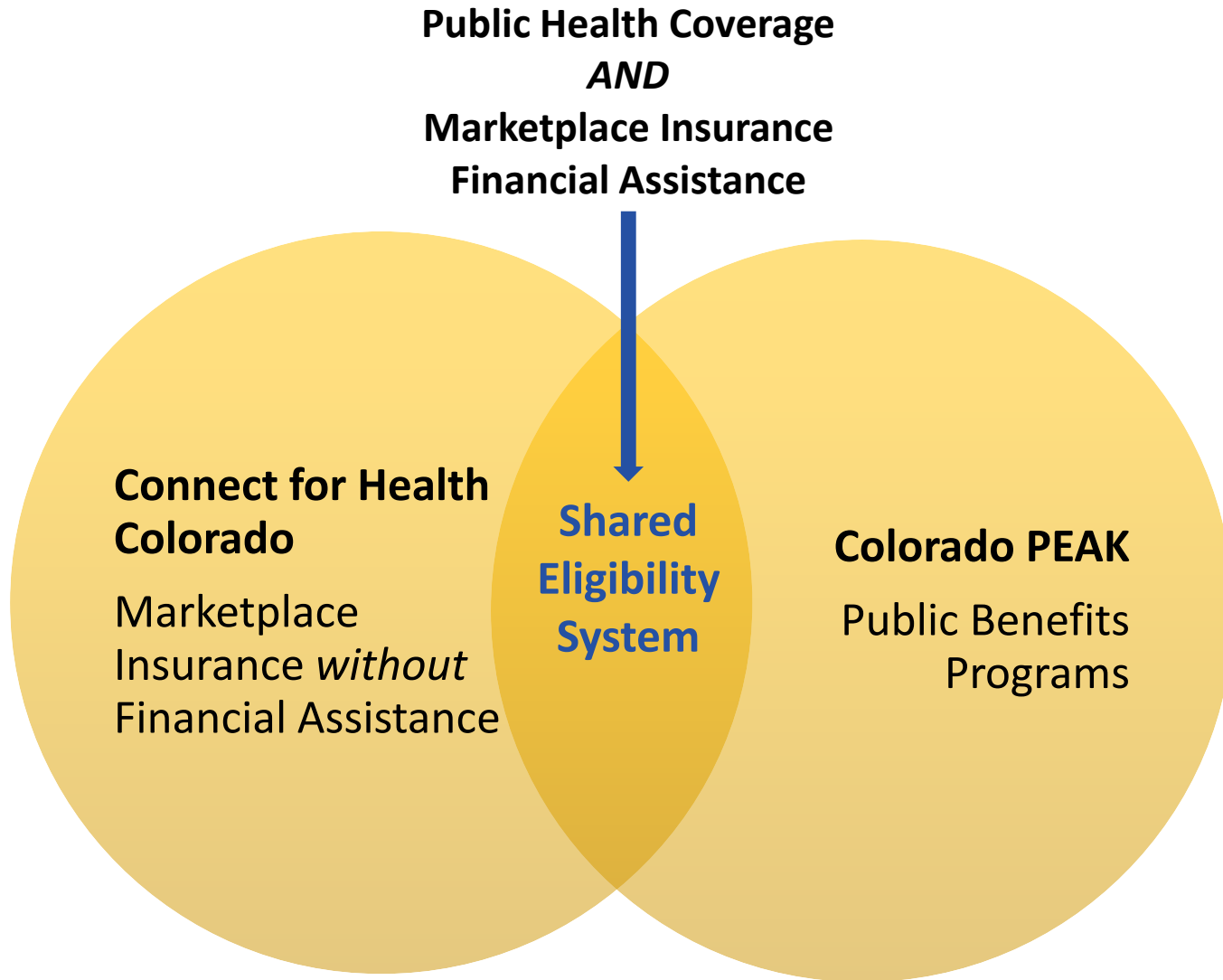
**[www.peakoutreach.com](http://www.peakoutreach.com)**

# Agenda

## Shared Eligibility System Walk-Through

- **System Enhancements**
- **Common Areas for User Error**
- **Tips and tricks for getting through the application effectively**

# Shared Eligibility System



# SYSTEM ENHANCEMENTS OVERVIEW



# 2016 PEAK Enhancements

*Highlight of system changes from Open Enrollment 3 to Open Enrollment 4*

March

April

May

June

September

October

## Highlights

- New Save button
- New PEAK session limit
- New non-citizen status for Deferred Action Child Arrival (DACA)

## Highlights

- Voter Registration Changes
- Updates to Case Access and Document Uploads

## Highlights

- Enhancement of text message notification sign-up

## Highlights

- Medicaid rebrand to Health First Colorado (Colorado's Medicaid Program)
- Annualized income for MAGI Medical Assistance

## Highlights

- Incarceration Updates
- Minimum Essential Coverage for Parent/Caretaker Relatives

## Highlights

- New Report My Changes Summary page
- New Return to Summary button
- Income and Family Size Verification Service

# Upcoming System Enhancements



# **APPLICATION WALK-THROUGH: APPLY FOR BENEFITS**



## Welcome to PEAK



Am I  
Eligible



Apply for  
Benefits



Manage  
My Account

The fast and easy way to access benefit information - anytime and anywhere. PEAK is an online service for Coloradans to screen and apply for medical, food, cash, and child care assistance programs.

[Click here for details](#)





# Apply For Benefits

Welcome! Here's what you need to know before you get started:

- Only use the Next or Back button at the bottom of each page to move throughout the application.
- Give yourself enough time. It takes most people 30-60 minutes to fill out an application.
- [Click here](#) to make sure you have all the information you will need to complete the application.

Choose from the options below to apply. You can:

Create an Account to Apply

Create an account and Apply:

- Save your application and finish later
- Track application status
- Access your benefit letters
- Make payments/check benefit balance
- Print Medical Cards

Edit or Finish an Application

Edit or finish an application that you already started and saved through your PEAK account.

Apply as a Guest

Apply as a guest without creating an account and without giving an email address. If you apply as a guest, you need to complete the whole application at once. You cannot save it and return to it later.

Use the grey Next and Back buttons in the bottom right corner of each page to move through the application. Do not use the arrow and Stop buttons on your web browser.

Choose from the options below to apply. You can:

Create an Account to Apply

Create an account and Apply:

- Save your application and finish later
- Track application status
- Access your benefit letters
- Make payments/check benefit balance
- Print Medical Cards

Edit or Finish an Application

Edit or finish an application that you already started and saved through your PEAK account.

Apply as a Guest

Apply as a guest without creating an account and without giving an email address. If you apply as a guest, you need to complete the whole application at once. You cannot save it and return to it later.

- Benefits of Creating an Account to Apply
- Benefits of Applying as a Guest

## Apply for Benefits Overview

Help is available by clicking [links](#) or by clicking the icon 

### Help With Using a Computer

If you would like to practice before you get started, [click here](#).

### Apply For Benefits

Before you get started on your application, there are a few things you should know:

- Food Assistance, Colorado Works, and Adult Financial applicants may, after moving through some optional screens, submit an application with only your name, address, and signature. However, it is best to fill out as much of the application as you can before submitting it. You will be contacted for any additional information that is needed to complete the application.
- Are you already receiving food, cash, or medical assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)? Exit this application and click on the Manage My Account tab to login to your PEAK account or create an account. Once you sign into your account, click on Report My Changes to request other benefits. Or you can complete the application you are working on now and submit it.
- For most people, it will take 30 to 60 minutes to fill out an application.
- This website will time out after 15 minutes of inactivity. You will get a two minute warning before this happens. Any information that has not been saved will be lost. Note: as you move from one screen to the next via the Next button, your information will be saved up to that point.
- In this application, we may ask you questions about the people in your home, your money and your bills. To answer these questions, it is a good idea to have your pay stubs or benefit check stubs with you, as well as the bills you pay each month for housing, utilities and child care. This is a list ([link](#)) of the items you may want to gather before you start your application.

We will use your information to check if you qualify for a number of programs that may use different incomes or household sizes depending on the rules for the program. Make sure to include the people in both your physical and tax household on your application.


◦ [Click here](#) for details on the privacy of your information. Note: Using this site and its associated capabilities equals your agreement to let your information be used and collected from data sources for this application. You also agree for all people listed on your application to have their data used and collected from data sources for this application.

Privacy Statement: Your answers on this application will only be used to determine eligibility for health insurance or help paying for health insurance. As part of the process, we will communicate with you or your authorized representative, and then provide the information to the health plan you select so that they can enroll those who are eligible in a qualified health plan or an insurance affordability program. For Tax Credits, Cost Sharing Reductions, Qualified Health Plans, and Colorado Young Adults Plans, demographic information on race and ethnicity will be shared with carriers by Connect for Health Colorado only for the purpose of determining your eligibility for benefits that are applicable to certain ethnic groups. Such a determination is outlined by federal law in 45 CFR Sec. 155.350. We will verify your answers using information in our electronic databases and the databases of partner agencies. If the information you provide does not match these sources, we may ask you to send us proof of the information you provide.

- If health coverage is offered through your employer, you may need to use this [form](#) to determine if your coverage is affordable.
- To see your notices after you have submitted your application, you can go to [Colorado.gov/PEAK](#), enter Manage My Account, and then look under the Mail Center tab.
- If you are eligible for Tax Credits and/or Cost Sharing Reductions you can see additional notices at [ConnectforHealthCO.com](#) by logging into your account.
- Once you finish answering these questions, your application may be processed and reviewed by an application office near you.
- Before you can get benefits, you may need to show proof for some of the answers you have given. In some cases, you will also need to talk with an application office worker over the phone or in person. They will call you or send a letter about this.
- You have the right to have another person apply for benefits for you. This person is called your "Authorized Representative", or AR. You'll have a chance to appoint an AR later in this application.

Next

## Apply for Benefits Overview

Help is available by clicking [links](#) or by clicking the icon 

### Help With Using a Computer

If you would like to practice before you get started, [click here](#).

### In Application Help Resources:

- **Help Button:** page level details/information
- **Help Icon:** question specific details/information
- **Hyperlink:** link to pages with more information

# Which Benefits Would Your Household Like to Apply For?

The first step is to tell us which benefits **your household** would like to get by checking the box for each benefit your household would like to apply for. Later you will have the opportunity to select specific programs for each person in your home as you complete the application. Click the Next button at the bottom of the page to continue.

- Medical Assistance (Including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions) [Show Details](#)
- Food Assistance [Show Details](#)
- Colorado Works / TANF - Cash Assistance for Families with Dependent Children [Show Details](#)
- Adult Financial - Cash Assistance for disabled or individuals over the age of 60 [Show Details](#)
- Child Care Assistance (CCCAP) [Show Details](#)
- Nurse-Family Partnership (NFP) for first-time moms [Show Details](#)
- Head Start [Show Details](#)
- SafeCare Colorado [Show Details](#)

[Back](#) [Save](#) [Save & Exit](#) [Next](#)

## PEAK Navigation

- Account Holders

[Back](#)

[Save](#)

[Save & Exit](#)

[Next](#)

- Guest Users

[Back](#)

[Save](#)

[Next](#)



## About Your Application

Before you get started, tell us more about where and how you are using PEAK.

### Application Location

Where are you applying from?

< click here to choose >

### Helping You Apply

If someone is helping you fill out this application or if you are applying on behalf of another, tell us more. If you are using this site without assistance, you can skip this section and click the Next button to start your application.

For Medical Assistance only, a picture ID of an applicant who is represented by an Authorized Representative will be required.

Check the box if you are any of the following or if you are applying with any of the following:

- A person at an application office that helps people apply for benefits such as a Health Coverage Guide or Application Assistance worker, or Child Care Provider.
- Someone I have asked to be my authorized representative. (By authorized representative we mean someone who can apply on behalf of another person and who takes legal responsibility for the information provided in this application. In addition, a Food Assistance, Colorado Works, or Adult Financial authorized representative may also use a household's EBT card and access the household's benefits on the household's behalf.)
- An organization I have asked to be my authorized representative.
- Applicant's legal guardian or someone who has power of attorney.
- Other

Back

Save

Next

## About Your Application

Before you get started, tell us more about where and how you are using PEAK.

### Application Location

Where are you applying from?

< click here to choose >

< click here to choose >

- Child Care Provider
- Church\Faith Based Partners
- Community Organization
- County Offices
- Family Resource Center
- Food Bank
- Home
- Hospital/Doctor's Office
- Library
- MAXIMUS
- Medical Application Office
- Public Health Office
- Relative's/Friend's Home
- School
- Senior Center
- Workforce Center
- Workplace
- Other

- Select best option for Application Location
- Used for internal purposes



### About Your Application

Before you get started, tell us more about where and how you are using PEAK.

Application Location

Where are you applying from?

**Helping You Apply**

If someone is helping you fill out this application or if you are applying on behalf of another, tell us more. If you are using this site without assistance, you can skip this section and click the Next button to start your application.

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- Someone I have asked to be my authorized representative. (By authorized representative we mean someone who can apply on behalf of another person and who takes legal responsibility for the information provided in this application. In addition, a Food Assistance, Colorado Works, or Adult Financial authorized representative may also use a household's EBT card and access the household's benefits on the household's behalf.)
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For Medical Assistance only, a picture ID of an applicant who is represented by an Authorized Representative will be required.

Check the box if you are any of the following or if you are applying with any of the following: [?](#)

- A person at an application office that helps people apply for benefits such as a Health Coverage Guide or Application Assistance worker, or Child Care Provider.
- Someone I have asked to be my authorized representative. (By authorized representative we mean someone who can apply on behalf of another person and who takes legal responsibility for the information provided in this application. In addition, a Food Assistance, Colorado Works, or Adult Financial authorized representative may also use a household's EBT card and access the household's benefits on the household's behalf.)
- An organization I have asked to be my authorized representative.
- Applicant's legal guardian or someone who has power of attorney.
- Other

- **Help/Hover Text:** This includes Call Center Technicians, Health Coverage Guides, and Certified Application Counselor Organizations

Colorado.gov

## Getting Started

### Information About You

\*Legal First Name  Middle Name

\*Legal Last Name  Jr, Sr, etc

Enhancements

Sex  Male  Female

Preferred Spoken Language

Date of Birth Ex: mm/dd/yyyy

Preferred Written Language

### Where You Live

I have no home address/I am homeless right now.

Street #  \* Street Name  Apt #

\* City  \* State  \* Zip

\*Is your mailing address the same as your home address?  
 Yes  No

### Mailing Address

If you do not want us to send any letters about your benefits to the address you have given above, give us the mailing address where we should send your letters instead.

This address is a PO Box

I have no mailing address.

In Care Of:

Street #  Street Name  Apt #

City  State  Zip

County

### Information About You

\*Legal First Name  Middle Name

\* Legal Last Name  Jr, Sr, etc

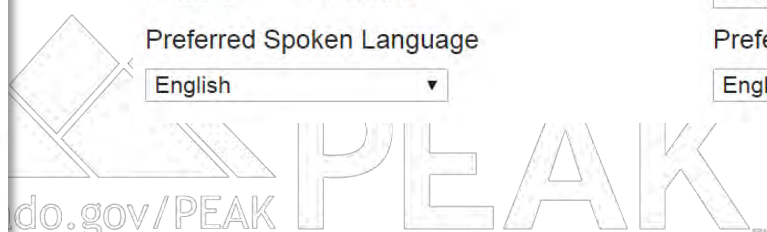
Enhancements

Sex  Male  Female

Preferred Spoken Language

Date of Birth Ex: mm/dd/yyyy

Preferred Written Language



- Enter legal name
- Hyphenated last names entered without spaces between them, example: SmithJohnson

# Getting Started

Information About You

\*Legal First Name  
October

Middle Name

\*Legal Last Name [?](#)  
Enhancements

Jr, Sr, etc  
-

Sex [?](#)  
 Male  Female

Date of Birth Ex: mm/dd/yyyy  
01/01/1990

Preferred Spoken Language  
English

Preferred Written Language  
English

Where You Live

I have no home address/I am homeless right now.

Street #      \* Street Name      Apt #

\* City      \* State      \* Zip

Longmont      Colorado      80501

\*Is your mailing address the same as your home address?  
 Yes  No

Mailing Address

If you do not want us to send any letters about your benefits to the address you have given above, give us the mailing address where we should send your letters instead.

This address is a PO Box  
 I have no mailing address. [?](#)

In Care Of: [?](#)

Street #      Street Name      Apt #

City      State      Zip

Longmont      Colorado      80501

County  
< click here to choose >

Back   Save   Save & Exit   Next

## Where You Live

I have no home address/I am homeless right now.

Street #      \* Street Name      Apt #

\* City      \* State      \* Zip

Longmont      Colorado      80501

\*Is your mailing address the same as your home address?  
 Yes  No

- No special characters other than forward slash (/) and dash (-) can be entered in address fields
- County is auto populated using U.S. Postal Service data
  - The County of residence dropdown selection will only display if address not provided or validated

# Getting Started

### Information About You

\*Legal First Name: October  
Middle Name: [ ]  
\*Legal Last Name: [ ]  
Jr, Sr, etc: [ ]  
Enhancements: [ ]  
Sex:  Male  Female  
Preferred Spoken Language: English  
Date of Birth Ex: mm/dd/yyyy: 01/01/1990  
Preferred Written Language: English

### Where You Live

I have no home address/I am homeless right now.

Street #: [ ] Street Name: [ ] Apt #: [ ]  
City: Longmont State: Colorado Zip: 80501

\*Is your mailing address the same as your home address?  
 Yes  No

### Mailing Address

If you do not want us to send any letters about your benefits to the address you have given above, give us the mailing address where we should send your letters instead.

This address is a PO Box  
 I have no mailing address. ?

In Care Of: ?

[ ]

Street #: [ ] Street Name: [ ] Apt #: [ ]  
City: Longmont State: Colorado Zip: 80501  
County: < click here to choose >

Back Save Save & Exit Next

## Mailing Address

If you do not want us to send any letters about your benefits to the address you have given above, give us the mailing address where we should send your letters instead.

- This address is a PO Box
- I have no mailing address. ?

In Care Of: ?

[ ]

Street #: [ ] Street Name: [ ] Apt #: [ ]  
City: Longmont State: Colorado Zip: 80501  
County: < click here to choose >

Back Save Save & Exit Next

- P.O. Boxes should only be entered in mailing address



## Contact Information and Correspondence Notification

### Contact Information

Tell us how we can get in touch with you. For the phone numbers, be sure to include area codes.

Home Phone 999-999-9999	Cell Phone [input]	
Message/Work Phone  [input]	Ext [input]	Type < click here to choose > ▼
Email Address october.enhancements@peak.com		
<input type="checkbox"/> Sign up to get informational messages.		

### Notification Preference

Tell us how you want to receive letters about your benefits. You can choose one or more ways to get this information. If you do not choose one of the methods, you will receive all letters via US Mail. Keep in mind if you choose text message, you must provide a cell phone number.

- US Mail
- EMail
- Text Message

### Font Size Preference

Tell us if you want to receive Medical Assistance letters in 14 point font print size. This larger print size will be easier to read. If you do not make a selection, you will receive Medical Assistance letters in 12 point font print size.

Please send correspondence in:

- 12 point font print size
- 14 point font print size

## Contact Information

Tell us how we can get in touch with you. For the phone numbers, be sure to include area codes.

Home Phone 999-999-9999	Cell Phone [input]	
Message/Work Phone  [input]	Ext [input]	Type < click here to choose > ▼
Email Address october.enhancements@peak.com		
<input type="checkbox"/> Sign up to get informational messages.		



- Home phone warning:

## Important!

Providing a phone number will allow us to contact you to assist you regarding your application.

- Email as form of contact

## Contact Information and Correspondence Notification

### Contact Information

Tell us how we can get in touch with you. For the phone numbers, be sure to include area codes.

Home Phone 999-999-9999	Cell Phone [input]
Message/Work Phone  [input]	Ext [input]
	Type < click here to choose >

Email Address  
october.enhancements@peak.com

Sign up to get informational messages.

### Notification Preference

Tell us how you want to receive letters about your benefits. You can choose one or more ways to get this information. If you do not choose one of the methods, you will receive all letters via US Mail. Keep in mind if you choose text message, you must provide a cell phone number.

- US Mail
- EMail
- Text Message

### Font Size Preference

Tell us if you want to receive Medical Assistance letters in 14 point font print size. This larger print size will be easier to read. If you do not make a selection, you will receive Medical Assistance letters in 12 point font print size.

Please send correspondence in:

- 12 point font print size
- 14 point font print size

Back

Save

Save & Exit

Next

## Notification Preference

Tell us how you want to receive letters about your benefits. You can choose one or more ways to get this information. If you do not choose one of the methods, you will receive all letters via US Mail. Keep in mind if you choose text message, you must provide a cell phone number.

- US Mail
- EMail
- Text Message

If you want to receive correspondence notifications, text PEAK to COPEAK (267325). Make sure that you use the cell phone that will receive the text messages.

In the entry field below, enter the same cell phone number you used to text PEAK to COPEAK (267325).

Make sure that you use the cell phone that will receive the text messages.

If you are already receiving text messages on this cell phone for another case, do not text PEAK again.

Enter the cell phone number and text message will also be sent for this case.

Until notification of your selection for Text is recorded, you will receive your correspondence in the US Mail, unless you also selected email.

It may take up to 24 hours to receive confirmation that you have texted PEAK to COPEAK (267325).

Any costs that your Cell Phone company charges for text messaging are to be paid by you.

Text Messages are in English only.

If you change your mind and do not want to receive correspondence notifications by text messages, text STOP to COPEAK (267325).

If you are receiving correspondence notifications for more than one case on your cell phone, when you text STOP to COPEAK (267325), you will no longer receive correspondence notifications for all the cases that use that cell phone number for text messaging.

Please review the text messaging Terms and Conditions by clicking here.

Cell Phone Number

# Basic Information Summary

Here is a summary of what you have told us. If you would like to change your answers to any of the fields in this section, whether they are shown on this summary screen or not, or finish a section, click on Change or Add. If you would like to remove something, click on X.

## Basic Information Summary

Who	Address	County	Action
October Enhancements	████████████████████ LONGMONT ,CO 805015456	Boulder	<a href="#">Edit</a>

## Contact Information Summary

Home Phone	E-Mail	Notification Method	Font Size Preference	Action
999-999-9999	october.enhancements@peak.com	US Mail	14 point	<a href="#">Edit</a>

## Help From Others

Representative / Assister	Type	Action
---------------------------	------	--------

To add a representative / Assister, please choose the type of representative and click the "Add" button.

Type: Add

## Program Selection

Here are your answers to the other questions in this section. Take a look and make sure your answers are correct. If they are not correct, you can check or uncheck the boxes to change your answers.

- Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)** [Show Details](#)
- Food Assistance** [Show Details](#)
- Colorado Works / TANF - Cash Assistance for Families with Dependent Children** [Show Details](#)
- Adult Financial - Cash Assistance for disabled or individuals over the age of 60** [Show Details](#)
- Child Care Assistance (CCCAP)** [Show Details](#)
- Nurse-Family Partnership (NFP) for first-time moms** [Show Details](#)
- Head Start** [Show Details](#)
- SafeCare Colorado** [Show Details](#)

- Review, add, edit or delete information



## People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about October.

### Personal Information

\*Legal First Name  
October

Middle Name  
October

\*Legal Last Name  
Enhancements

\*Date of Birth Ex: mm/dd/yyyy  
01/01/1990

Preferred Written Language  
English

Has this person ever used another name (such as maiden name, alias, etc)?  
 Yes  No

### Program Selection

Not applying for any of the programs listed below (including health insurance)

\*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.

Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)

If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses

June  July  August

### Race

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race:  Other

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Japanese	<input type="checkbox"/> White
<input type="checkbox"/> Korean	<input type="checkbox"/> Other

### Residence Information

\*Is this person a resident of Colorado?

Yes  No

Does this person plan to stay as a resident of Colorado?

Yes  No

Where does this person live?

Living with more than one other person

\*Is this person living outside of Colorado temporarily?

Yes  No

\*Has this household member passed away in the coverage year?

Yes  No

### Exemption to the Requirement to Purchase Health Insurance

\*Does this person have an individual shared responsibility exemption?

Yes  No

### Tax Filer Information

\*Does this person plan to file a Federal Income Tax Return?

Yes  No

\*What is this person's tax filing status?

Married Filing Jointly

### Add Another Household Member

Do you want to add another person to your household?(Who you should add)

Yes  No

[Back](#) [Save](#) [Save & Exit](#) [Next](#)

## Personal Information

\*Legal First Name

October

\*Legal Last Name

Enhancements

\*Date of Birth Ex: mm/dd/yyyy

01/01/1990

Preferred Written Language

English

Has this person ever used another name (such as maiden name, alias, etc)?

Yes  No

Middle Name

Jr, Sr, etc

-

\*Sex

Male

Female

\*Marital Status

Married

- Enter legal name for all household members
- Hyphenated last names entered without spaces between them, example: SmithJohnson



## People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about October.

**Personal Information**

\*Legal First Name  Middle Name

October

\*Legal Last Name  Jr, Sr, etc

Enhancements

\*Date of Birth Ex: mm/dd/yyyy  
01/01/1990

\*Sex  Male  Female

\*Marital Status  Married

Preferred Written Language  
English

Has this person ever used another name (such as maiden name, alias, etc)?  
 Yes  No

**Program Selection**

Not applying for any of the programs listed below (including health insurance)

\*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.

**Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace)** [Show Details](#)

If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses  June  July  August

**Race**

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race:  American Indian or Alaska Native  Latino/Hispanic  
 Asian Indian  Native Hawaiian  
 Black or African American  Other Asian  
 Chinese  Other Pacific Islander  
 Filipino  Samoan  
 Guamanian or Chamorro  Vietnamese  
 Japanese  White  
 Korean  Other

**Residence Information**

\*Is this person a resident of Colorado?  
 Yes  No

Does this person plan to stay as a resident of Colorado?  
 Yes  No

Where does this person live?  
Living with more than one other person

\*Is this person living outside of Colorado temporarily?  Yes  No

\*Has this household member passed away in the coverage year?  Yes  No

**Exemption to the Requirement to Purchase Health Insurance**

\*Does this person have an individual shared responsibility exemption?  Yes  No

**Tax Filer Information**

\*Does this person plan to file a Federal Income Tax Return?  
 Yes  No

\*What is this person's tax filing status?

Married Filing Jointly

**Add Another Household Member**

Do you want to add another person to your household?(Who you should add)

Yes  No

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Not applying for any of the programs listed below (including health insurance)

\*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.

**Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace)** [Show Details](#)

If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses  June  July  August

- **Retroactive Medical Assistance is available for unpaid medical bills, which can be entered in the Other Bills page**

# People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about October.

## Personal Information

\*Legal First Name  Middle Name

October

\*Legal Last Name  Jr, Sr, etc

Enhancements

\*Date of Birth Ex: mm/dd/yyyy

01/01/1990

\*Sex  Male  Female

\*Marital Status  Married

Preferred Written Language

English

Has this person ever used another name (such as maiden name, alias, etc)?  Yes  No

## Program Selection

Not applying for any of the programs listed below (including health insurance)

\*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.

Medical Assistance (including Health First Colorado (Colorado Medicaid), CHIP, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)

If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses

June  July  August

## Race

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Japanese	<input type="checkbox"/> White
<input type="checkbox"/> Korean	<input type="checkbox"/> Other

## Residence Information

\*Is this person a resident of Colorado?

Yes  No

Does this person plan to stay as a resident of Colorado?

Yes  No

Where does this person live?

Living with more than one other person

\*Is this person living outside of Colorado temporarily?

Yes  No

\*Has this household member passed away in the coverage year?

Yes  No

## Exemption to the Requirement to Purchase Health Insurance

\*Does this person have an individual shared responsibility exemption?

Yes  No

## Tax Filer Information

\*Does this person plan to file a Federal Income Tax Return?

Yes  No

\*What is this person's tax filing status?

Married Filing Jointly

## Add Another Household Member

Do you want to add another person to your household?(Who you should add)

Yes  No

# Residence Information

\*Is this person a resident of Colorado?

Yes  No

Does this person plan to stay as a resident of Colorado?

Yes  No

Where does this person live?

Living with more than one other person

\*Is this person living outside of Colorado temporarily?

Yes  No

\*Has this household member passed away in the coverage year?

Yes  No

# People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about October.

### Personal Information

\*Legal First Name

Middle Name

October

\*Legal Last Name

Enhancements

\*Date of Birth Ex: mm/dd/yyyy  
01/01/1990

Preferred Written Language  
English

Has this person ever used another name (such as maiden name, alias, etc)?  
 Yes  No

### Program Selection

Not applying for any of the programs listed below (including health insurance)

\*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.

Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)

If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses

June  July  August

### Race

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Japanese	<input type="checkbox"/> White
<input type="checkbox"/> Korean	<input type="checkbox"/> Other

### Residence Information

\*Is this person a resident of Colorado?  
 Yes  No

Does this person plan to stay as a resident of Colorado?  
 Yes  No

Where does this person live?

\*Is this person living outside of Colorado temporarily?

Yes  No

\*Has this household member passed away in the coverage year?

Yes  No

### Exemption to the Requirement to Purchase Health Insurance

\*Does this person have an individual shared responsibility exemption?

Yes  No

### Tax Filer Information

\*Does this person plan to file a Federal Income Tax Return?  
 Yes  No

\*What is this person's tax filing status?

Married Filing Jointly

### Add Another Household Member

Do you want to add another person to your household?(Who you should add)

Yes  No

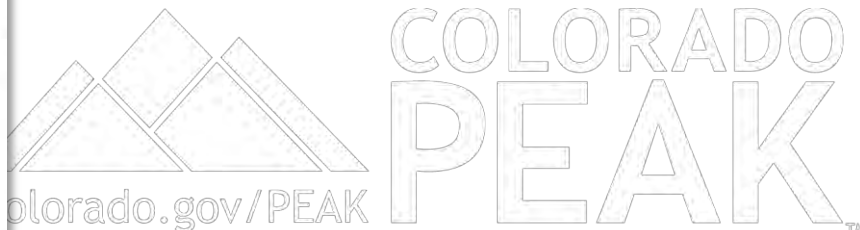
## Tax Filer Information

\*Does this person plan to file a Federal Income Tax Return?

Yes  No

\*What is this person's tax filing status?

Married Filing Jointly





# People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about October.

**Personal Information**

\*Legal First Name  Middle Name

October

\*Legal Last Name  Jr, Sr, etc

Enhancements

\*Date of Birth Ex: mm/dd/yyyy

\*Sex  Male  Female

\*Marital Status  Married

Preferred Written Language

English

Has this person ever used another name (such as maiden name, alias, etc)?

Yes  No

**Program Selection**

Not applying for any of the programs listed below (including health insurance)

\*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.

Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)

If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses

June  July  August

**Race**

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Japanese	<input type="checkbox"/> White
<input type="checkbox"/> Korean	<input type="checkbox"/> Other

**Residence Information**

\*Is this person a resident of Colorado?

Yes  No

Does this person plan to stay as a resident of Colorado?

Yes  No

Where does this person live?

\*Is this person living outside of Colorado temporarily?  Yes  No

\*Has this household member passed away in the coverage year?  Yes  No

**Exemption to the Requirement to Purchase Health Insurance**

\*Does this person have an individual shared responsibility exemption?  Yes  No

**Tax Filer Information**

\*Does this person plan to file a Federal Income Tax Return?

Yes  No

\*What is this person's tax filing status?

Married Filing Jointly

## Add Another Household Member

Do you want to add another person to your household?(Who you should add) [?](#)

Yes  No

Back

Save

Save & Exit

Next



## Add Another Household Member

Do you want to add another person to your household?(Who you should add) [?](#)

Yes  No

Back

Save

Save & Exit

Next





### Citizenship

\*Does October have a Social Security Number? [?](#)

Yes  No

\*Social Security Number [?](#)      \*Confirm Social Security Number

\*Is this person a U.S. citizen? [?](#)

Yes  No

\*Citizenship Status :

US Born



### Citizenship

\*Does October have a Social Security Number? [?](#)

Yes  No

\*Social Security Number [?](#)      \*Confirm Social Security Number

\*Is this person a U.S. citizen? [?](#)

Yes  No

\*Non-Citizenship Status: [?](#)

< click here to choose >

\*Date of Entry

\*Does October have eligible immigration status? [More Info](#)

Yes  No

\*Document Type: (select one.) [?](#)

< click here to choose >

Is October Enhancements the same name that appears on this person's document?

Yes  No

Has this person lived in the US since 1996?

Yes  No



- New Non-Citizenship Status and Class Codes

\*Does Amy have a Social Security Number?

Yes

\*Social Security Number:

### More Information About Amy

Please tell us more information about Amy.

\* What is Amy's State ID? If Amy has ever applied for any public assistance program (for example: Food, Medical, or Childcare Assistance), then his or her State ID should be available on any official Notice of Action.

Amy has never been on a public assistance case and does not have a State ID.  
 Amy does not know his or her State ID.

\* What is Amy's case number? If Amy has ever applied for any public assistance program (for example: Food, Medical, or Cash Assistance), then his or her case number should be available on any official Notice of Action.

Amy has never been on a public assistance case.  
 Amy does not know his or her Case Number.

\* What is Amy's Driver's License Number?

Amy does not have a Driver's License Number.

\* What is the street number (for example: 5679) of the address at which Amy currently lives or recently lived?

Amy is homeless.

\* What is the Name of the employer for which Amy currently works or recently worked?

Amy is not employed.



### More Information About Amy

Please tell us more information about Amy.

\* What is Amy's State ID? If Amy has ever applied for any public assistance program (for example: Food, Medical, or Childcare Assistance), then his or her State ID should be available on any official Notice of Action.

Amy has never been on a public assistance case and does not have a State ID.  
 Amy does not know his or her State ID.

\* What is Amy's case number? If Amy has ever applied for any public assistance program (for example: Food, Medical, or Cash Assistance), then his or her case number should be available on any official Notice of Action.

Amy has never been on a public assistance case.  
 Amy does not know his or her Case Number.

\* What is Amy's Driver's License Number?

Amy does not have a Driver's License Number.

\* What is the street number (for example: 5679) of the address at which Amy currently lives or recently lived?

Amy is homeless.

\* What is the Name of the employer for which Amy currently works or recently worked?

Amy is not employed.

## Pregnancy Information ?

### Pregnancy

\*Check the box for anyone in your home who is pregnant.

- Amy Enhancements  
 No one

Back

Save


Save & Exit

Next

- Question displays for all females in a household over the age of 12

### Amy's Pregnancy Information

\*What is Amy's due date?

07/29/2016 

\*Number of babies expected?

1

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- If pregnancy is indicated, additional pregnancy information is collected

## How You Are Related

Tell us how the people in your home are related to each other. ?

\* October (26) is the Husband of ? Amy (26)

\* October (26) is the Father of ? James (1)

Back

Save

Save & Exit

Next

## How You Are Related

Tell us how the people in your home are related to each other. ?

\* October (26) is the Husband of ? Amy (26)

\* October (26) is the Father of ? James (1)

## How You Are Related

Tell us how the people in your home are related to each other. ?

\* Amy (26) is the Mother of ? James (1)

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### Household Tax Information

Tell us more about the household's tax filing information.

\*Who is filing taxes jointly with October? [?](#)  
 Amy

\*Who is claiming October as a tax dependent? [?](#)  
 None

\*Who is claiming Amy as a tax dependent? [?](#)  
 None

\*Who is claiming James as a tax dependent? [?](#)  
 October & Amy

Do you agree to allow Connect for Health Colorado to use income data, including information from tax returns? [?](#)  
 Yes  No

\* If yes, for how many years will you allow us to use this information? This may make it easier to determine your eligibility for help paying for coverage in future years. In the future, Connect for Health Colorado will check to make sure you're still eligible, and may ask you to provide proof of your income to ensure you still qualify. You can opt out of this at any time.  
 5 years  4 years  3 years  2 years  1 year

#### List of Household Members

Who	Gender	Date of Birth
October	Male	01/01/1990
Amy	Female	02/01/1990
James	Male	03/01/2015

[Add](#)

[Back](#) [Save](#) [Save & Exit](#) [Next](#)



# Household Tax Information

Tell us more about the household's tax filing information.

\*Who is filing taxes jointly with October? [?](#)  
 Amy

\*Who is claiming October as a tax dependent? [?](#)  
 None

\*Who is claiming Amy as a tax dependent? [?](#)  
 None

\*Who is claiming James as a tax dependent? [?](#)  
 October & Amy



## Household Tax Information

Tell us more about the household's tax filing information.

\*Who is filing taxes jointly with October? ⓘ

• Amy

\*Who is claiming October as a tax dependent? ⓘ

None

\*Who is claiming Amy as a tax dependent? ⓘ

None

\*Who is claiming James as a tax dependent? ⓘ

October & Amy

Do you agree to allow Connect for Health Colorado to use income data, including information from tax returns? ⓘ

Yes  No

\* If yes, for how many years will you allow us to use this information? This may make it easier to determine your eligibility for help paying for coverage in future years. In the future, Connect for Health Colorado will check to make sure you're still eligible, and may ask you to provide proof of your income to ensure you still qualify. You can opt out of this at any time.

5 years  4 years  3 years  2 years  1 year

### List of Household Members

Who	Gender	Date of Birth
October	Male	01/01/1990
Amy	Female	02/01/1990
James	Male	03/01/2015

Add

Back

Save

Save & Exit

Next

Do you agree to allow Connect for Health Colorado to use income data, including information from tax returns? ⓘ

Yes  No

\* If yes, for how many years will you allow us to use this information? This may make it easier to determine your eligibility for help paying for coverage in future years. In the future, Connect for Health Colorado will check to make sure you're still eligible, and may ask you to provide proof of your income to ensure you still qualify. You can opt out of this at any time.

5 years  4 years  3 years  2 years  1 year

- **Help/Hover Text:** By selecting “no” to this question, Connect for Health Colorado may request proof of your household’s income information.

## Other Addresses

Do any of the people below live at an address other than the following:

LONGMONT, CO 805015456

- Amy Enhancements
- James Enhancements
- No one

Back

Save

Save & Exit

Next

## Where does Amy live?

Street #

PO Box # or Street Name

PO Box

Apt #

City

State

< click here to choose > ▼

Zip

\*Is Amy's mailing address the same as his/her home address?

- Yes  No

In Care Of: ?

Would Amy like to receive mail related to his/her health coverage at the address above instead of the Head of Household's address? ?

- Yes  No



Colorado.



## American Indian / Alaska Native

Check the box if any of these individuals are members of a Federally-recognized Tribe. ?

### Members of Federally-recognized Tribe

- October
- Amy
- James
- No one

Back

Save

Save & Exit

Next

## Members of Federally-recognized Tribe

- October
- No one

October's Tribe State

Colorado ▼

October's Tribe Name ?

<Click here to choose> ▼

Check the box for anyone who has ever gotten health service from the Indian Health Service, a tribal health program, or urban Indian health program or through a referral from one of these programs.



## Received Indian or Tribal Health Services

- October

Check the box for anyone who is eligible to get health services from Indian Health Services or a Tribal Health Organization.

## Eligible for Indian or Tribal Health Services

- October



## Legal Information

### Current Incarceration

\*Check the box for anyone in your home who is currently incarcerated. ?

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

### Released from Incarceration

Check the box for anyone in your household that was released from incarceration in the last 60 days.

\*If you were released from incarceration within the last 60 days, click on the (?) button on the top right side of the screen for more information about possibly qualifying for Tax Credits and/or Cost Sharing Reductions with private health insurance through Connect for Health Colorado. ?

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

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Save

Save & Exit

Next

## Legal Information

### Current Incarceration

\*Check the box for anyone in your home who is currently incarcerated. ?

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

### Released from Incarceration

Check the box for anyone in your household that was released from incarceration in the last 60 days.

\*If you were released from incarceration within the last 60 days, click on the (?) button on the top right side of the screen for more information about possibly qualifying for Tax Credits and/or Cost Sharing Reductions with private health insurance through Connect for Health Colorado. ?

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

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Save

Save & Exit

Next

- Residing in a Community Corrections Facility, known as a Half-Way House is no longer considered incarceration

# Household Member Questions

## Blindness or Disability

\*Check the box for anyone in the home who is blind or disabled.

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Help with Self-Care

\*Check the box for anyone who regularly needs help with some or all of their self-care activities (such as bathing, dressing, eating, using the bathroom). ?

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Medical / Nursing Facility Information

\*Check the box for anyone who is living in a nursing home, acute care, hospital, group home, mental health institution or long-term care facility for at least 30 days within the last 90 days.

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Future Medical / Nursing Facility Information

\*Check the box for anyone who needs to move to a nursing home, acute care, hospital, group home, mental health institution or long-term care facility within the next 30 days, or who needs in-home health care to stay in their home.

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Medicare Part A, Part B, Part C, or Part D

\*Check the box for anyone who is getting Medicare Part A, Part B, Part C, or Part D or who is entitled to Part A, B, C or D. By entitled, we mean that you are able to get the benefit, even if you aren't actually getting it. To find out more about Medicare Part A, Part B, Part C, and Part D, click the Help button. ?

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

\*Have you or anyone in your home who is applying for Medical Assistance applied for Supplemental Security Income (SSI) or other Social Security Benefits?

- Yes  No

## Special Services

Special services may be available to children and pregnant women. Please check any health services that any pregnant women or children in your household get or use:

- Medical Services
- Mental or Behavioral Health Services
- School Health Services
- Prescriptions
- Other:

## Emergency Room Visit

Has any child in your household been to the emergency room for treatment since his or her last visit to the doctor?

- Yes  No

Back

Save

Save & Exit

Next

## Blindness or Disability

\*Check the box for anyone in the home who is blind or disabled.

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Help with Self-Care

\*Check the box for anyone who regularly needs help with some or all of their self-care activities (such as bathing, dressing, eating, using the bathroom). ?

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Medical / Nursing Facility Information

\*Check the box for anyone who is living in a nursing home, acute care, hospital, group home, mental health institution or long-term care facility for at least 30 days within the last 90 days.

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Future Medical / Nursing Facility Information

\*Check the box for anyone who needs to move to a nursing home, acute care, hospital, group home, mental health institution or long-term care facility within the next 30 days, or who needs in-home health care to stay in their home.

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Medicare Part A, Part B, Part C, or Part D

\*Check the box for anyone who is getting Medicare Part A, Part B, Part C, or Part D or who is entitled to Part A, B, C or D. By entitled, we mean that you are able to get the benefit, even if you aren't actually getting it. To find out more about Medicare Part A, Part B, Part C, and Part D, click the Help button. ?

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

\*Have you or anyone in your home who is applying for Medical Assistance applied for Supplemental Security Income (SSI) or other Social Security Benefits?

- Yes  No



# Household Member Questions

## Blindness or Disability

\*Check the box for anyone in the home who is blind or disabled.

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Help with Self-Care

\*Check the box for anyone who regularly needs help with some or all of their self-care activities (such as bathing, dressing, eating, using the bathroom).

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Medical / Nursing Facility Information

\*Check the box for anyone who is living in a nursing home, acute care, hospital, group home, mental health institution or long-term care facility for at least 30 days within the last 90 days.

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Future Medical / Nursing Facility Information

\*Check the box for anyone who needs to move to a nursing home, acute care, hospital, group home, mental health institution or long-term care facility within the next 30 days, or who needs in-home health care to stay in their home.

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

## Medicare Part A, Part B, Part C, or Part D

\*Check the box for anyone who is getting Medicare Part A, Part B, Part C, or Part D or who is entitled to Part A, B, C or D. By entitled, we mean that you are able to get the benefit even if you aren't actually getting it. To find out more about Medicare Part A, Part B, Part C, and Part D, click the Help button.

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

\*Have you or anyone in your home who is applying for Medical Assistance applied for Supplemental Security Income (SSI) or other Social Security Benefits?

- Yes
- No

## Special Services

Special services may be available to children and pregnant women. Please check any health services that any pregnant women or children in your household get or use:

- Medical Services
- Mental or Behavioral Health Services
- School Health Services
- Prescriptions
- Other:

## Emergency Room Visit

Has any child in your household been to the emergency room for treatment since his or her last visit to the doctor?

- Yes
- No

Back

Save

Save & Exit

Next

## Special Services

Special services may be available to children and pregnant women. Please check any health services that any pregnant women or children in your household get or use:

- Medical Services
- Mental or Behavioral Health Services
- School Health Services
- Prescriptions
- Other:

## Emergency Room Visit

Has any child in your household been to the emergency room for treatment since his or her last visit to the doctor?

- Yes
- No

- Will display when there is a pregnant female and/or individual younger than 21 included on the application

## Household Members Summary

Here is a summary of what you have told us. If you would like to change your answers to any of the fields in this section, whether they are shown on this summary screen or not, or finish a section, click on Change or Add. If you would like to remove something, click on X.

### People in your Home

Who	Gender	Date of Birth	Where You Live	
October	Male	01/01/1990	Living with more than one other person	<a href="#">Edit</a>
Amy	Female	02/01/1990	Living with more than one other person	<a href="#">Edit</a> ✕
James	Male	03/01/2015	Living with Parents	<a href="#">Edit</a> ✕
				<a href="#">Add</a>

- Review, add, edit or delete information

### Pregnancy

Who	Due Date	Number of Babies Expected	Action
You've told us that no one in your home is pregnant.			
Name: <a href="#">click here to choose &gt;</a> <a href="#">Add</a>			

### Relationships

Who	Relationships	Action
October	is the Husband of Amy	<a href="#">Edit</a>
October	is the Father of James	<a href="#">Edit</a>
Amy	is the Mother of James	<a href="#">Edit</a>

### Disability or Blindness

Who	Disability or Blindness	Applied for Social Security Disability, Veterans Benefits, or Workman's Compensation	Help with activities of daily living?	Other Illness	Action
You have told us that no one in your home is disabled, blind or unable to work due to illness or injury.					
Name: <a href="#">click here to choose &gt;</a> <a href="#">Add</a>					



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PEAK™

### Medical / Nursing Facility Information

Who	Facility Name	Medical / Nursing Facility Address	Action
You have told us that no one is living in a nursing home, acute care, hospital or long-term care facility for at least 30 days within the last 90 days.			
Name: <a href="#">click here to choose &gt;</a> <a href="#">Add</a>			

### Future Medical / Nursing Facility Information

Who	Action
You have told us that no one is moving into a nursing home, acute care, hospital or long-term care facility within the next 30 days.	
Name: <a href="#">click here to choose &gt;</a> <a href="#">Add</a>	

### Medicare Summary

Who	Type	Premium Amount	Action
You have told us that no one is getting Medicare Part A, Part B, or Part D or is entitled to Part A, B or D			
Name: <a href="#">click here to choose &gt;</a> <a href="#">Add</a>			

### Supplemental Security Income (SSI) / Social Security Summary

Has anyone applied for SSI/Social Security benefits?	Action
You've told us that no one has applied	<a href="#">Edit</a>

### Special Services

Special Services Received or Used
You have told us this does not apply to anyone in your household.
<a href="#">Add</a>

### Emergency Room Visit

Has a child been to the emergency room since last doctor visit?
No
<a href="#">Edit</a>



## About Your Income

### Household Income

2016

For your Tax Household, which includes **October, Amy** and **James**, tell us if your expected modified adjusted gross annual household income is more than the amount listed below.

If you're not sure or your income may be very close to the amount below, please select "I Don't Know".

\*2016 will be **more than** \$54432.00

Yes  No  I Don't Know

2017

For your Tax Household, which includes **October, Amy** and **James**, tell us if your expected modified adjusted gross annual household income is more than the amount listed below.

If you're not sure or your income may be very close to the amount below, please select "I Don't Know".

\*2017 will be **more than** \$54432.00

Yes  No  I Don't Know

Back

Save

Save & Exit

Next

Colorado.gov

## Household Income

2016

For your Tax Household, which includes **October, Amy** and **James**, tell us if your expected modified adjusted gross annual household income is more than the amount listed below.

If you're not sure or your income may be very close to the amount below, please select "I Don't Know".

\*2016 will be **more than** \$54432.00

Yes  No  I Don't Know

2017

For your Tax Household, which includes **October, Amy** and **James**, tell us if your expected modified adjusted gross annual household income is more than the amount listed below.

If you're not sure or your income may be very close to the amount below, please select "I Don't Know".

\*2017 will be **more than** \$54432.00

Yes  No  I Don't Know

- Amount indicated is dynamic based on household information

## About Your Income

Household Income

2016

For your Tax Household, which includes **October, Amy and James**, tell us if your expected modified adjusted gross annual household income is more than the amount listed below.

If you're not sure or your income may be very close to the amount below, please select "I Don't Know".

\*2016 will be **more than** \$54432.00

Yes  No  I Don't Know

2017

For your Tax Household, which includes **October, Amy and James**, tell us if your expected modified adjusted gross annual household income is more than the amount listed below.

If you're not sure or your income may be very close to the amount below, please select "I Don't Know".

\*2017 will be **more than** \$54432.00

Yes  No  I Don't Know

## Expedited Path Eligibility

To be eligible for the expedited pathway, all household members (tax household) must meet the following criteria:

- Not currently incarcerated
- Tax-filer(s) & tax dependents (*If married, filing jointly*)
- U.S. Citizen or Lawfully Present Non-Citizen
- Eligible for MAGI Medical Assistance
- No Income from certain American Indian/Alaska Native Sources
- Medical Assistance Only Application

Colorado.gov/PEAK

# Job Income

\*Is anyone in your home currently employed or were they employed in the last 60 days? ?

Yes  No

\*Is anyone in your home currently self-employed? ?

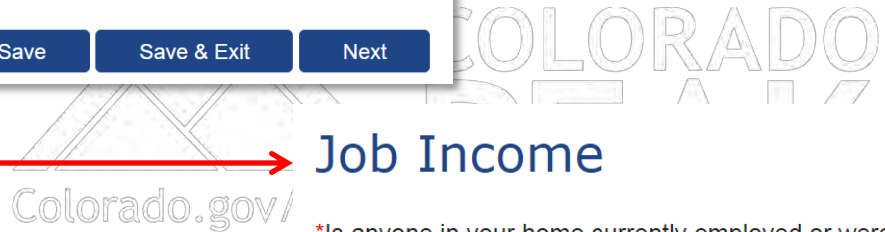
Yes  No

Is anyone in your home currently receiving goods in exchange for work? ?

Yes  No

Is anyone in your home paying for things that can be deducted on an income tax return? This will include legal conservator fees, alimony, penalty on early withdrawal of savings, or capital losses.

Yes  No



## Job Income

\*Is anyone in your home currently employed or were they employed in the last 60 days? ?

Yes  No

### Current or Recent Job

Who	Employer	Hours	How Much	Action
-----	----------	-------	----------	--------

To add a current job or a job someone in your home left or lost in the last 60 days, choose the person and click the "Add" button.

Name:

## More About October's Job

If you have a job, answer the questions on this page.

If you came to this page by mistake, click the button below to clear this page and go back to the Job Income screen.

[Return to Job Income](#)

You've told us that October has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.

### Employer

\*Name of Employer

Wells Fargo Bank

Street # PO Box # or Street Name Apt #

PO Box

City State Zip Code

Boulder Colorado 80305

Employer Phone

999-999-9999

When did October start this job?

07/21/2012

If this job recently ended or is going to end, tell us the end date of the job.

What is the end date of this job?

### Pay Period

\* How often does October get paid? This is October's **pay period**.

Monthly

Tell us how many hours October works in a week.

40

\* When was the most recent paycheck received?

08/31/2016

### Gross Pay

\* Tell us the total gross pay that October gets each pay period. By gross pay, we mean the amount October earns before taxes or anything else is taken out of the pay check. By pay period, we mean the time between each pay check.

\$ 2200.00

Does October receive pay for being a minister as part of this gross pay?

Yes  No

Is any part of this gross pay from seasonal employment?

Yes  No

Is any part of this gross pay from commission-based, including tipped, employment?

Yes  No

Tell us the total gross pay that October got or will get this month as a one time payment from this employer.

\$

### Job Income Expenses/Deductions

\* Did October have any job income expenses/deductions?

Yes  No

Does October have any other jobs?

Yes  No

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[Save & Exit](#)

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## More About October's Job

If you have a job, answer the questions on this page.

If you came to this page by mistake, click the button below to clear this page and go back to the Job Income screen.

[Return to Job Income](#)

You've told us that October has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.





## More About October's Job

If you have a job, answer the questions on this page.

If you came to this page by mistake, click the button below to clear this page and go back to the Job Income screen.

[Return to Job Income](#)

You've told us that October has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.

### Employer

\*Name of Employer

Bank

Street # PO Box # or Street Name Apt #

City PO Box State Zip Code

Boulder Colorado 80305

Employer Phone

999-999-9999

When did October start this job?

07/21/2012

If this job recently ended or is going to end, tell us the end date of the job.

What is the end date of this job?

## Employer

\*Name of Employer

Bank

Street # PO Box # or Street Name Apt #

City PO Box State Zip Code

Boulder Colorado 80305

Employer Phone

999-999-9999

When did October start this job?

07/21/2012

If this job recently ended or is going to end, tell us the end date of the job.

What is the end date of this job?

- Legal name of employer

- Job Start Date

# More About October's Job

If you have a job, answer the questions on this page.

If you came to this page by mistake, click the button below to clear this page and go back to the Job Income screen.

[Return to Job Income](#)

You've told us that October has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.

## Employer

\*Name of Employer

Bank

Street # PO Box # or Street Name Apt #

PO Box

City State Zip Code

Boulder Colorado 8030

Employer Phone

999-999-9999

When did October start this job?

07/21/2012

If this job recently ended or is going to end, tell us the end date of the job.

What is the end date of this job?

## Pay Period

\* How often does October get paid? This is October's **pay period**.

Monthly

Tell us how many hours October works in a week.

40

\* When was the most recent paycheck received?

08/31/2016

## Gross Pay

\* Tell us the total gross pay that October gets each pay period. By gross pay, we mean the amount October earns before taxes or anything else is taken out of the pay check. By pay period, we mean the time between each pay check.

\$2200.00

Does October receive pay for being a minister as part of this gross pay?

Yes  No

Is any part of this gross pay from seasonal employment?

Yes  No

Is any part of this gross pay from commission-based, including tipped, employment?

Yes  No

Tell us the total gross pay that October got or will get this month as a one time payment from this employer.

\$

## Job Income Expenses/Deductions

\* Did October have any job income expenses/deductions?

Yes  No

Does October have any other jobs?

Yes  No

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## Pay Period

\* How often does October get paid? This is October's **pay period**.

Monthly

Tell us how many hours October works in a week.

40

\* When was the most recent paycheck received?

08/31/2016

- Pay Frequency
- Hours
- Last Check Received

# More About October's Job

If you have a job, answer the questions on this page.

If you came to this page by mistake, click the button below to clear this page and go back to the Job Income screen.

[Return to Job Income](#)

You've told us that October has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.

## Employer

\*Name of Employer

Bank

Street # PO Box # or Street Name Apt #

PO Box

City State Zip Code

Boulder Colorado 80305

Employer Phone

999-999-9999

When did October start this job?

07/21/2012

If this job recently ended or is going to end, tell us the end date of the job.

What is the end date of this job?

## Pay Period

\* How often does October get paid? This is October's **pay period**.

Monthly

Tell us how many hours October works in a week.

40

\* When was the most recent paycheck received?

08/31/2016

## Gross Pay

\* Tell us the total gross pay that October gets each pay period. By gross pay, we mean the amount October earns before taxes or anything else is taken out of the pay check. By pay period, we mean the time between each pay check.

\$2200.00

Does October receive pay for being a minister as part of this gross pay?

Yes  No

Is any part of this gross pay from seasonal employment?

Yes  No

Is any part of this gross pay from commission-based, including tipped, employment?

Yes  No

Tell us the total gross pay that October got or will get this month as a one time payment from this employer.

\$

## Job Income Expenses/Deductions

\* Did October have any job income expenses/deductions?

Yes  No

Does October have any other jobs?

Yes  No

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## Gross Pay

\* Tell us the total gross pay that October gets each pay period. By gross pay, we mean the amount October earns before taxes or anything else is taken out of the pay check. By pay period, we mean the time between each pay check. ?

\$2200.00

Does October receive pay for being a minister as part of this gross pay?

Yes  No

Is any part of this gross pay from seasonal employment? ?

Yes  No

Is any part of this gross pay from commission-based, including tipped, employment? ?

Yes  No

Tell us the total gross pay that October got or will get this month as a one time payment from this employer. ?

\$

## More About October's Job

If you have a job, answer the questions on this page.

If you came to this page by mistake, click the button below to clear this page and go back to the Job Income screen.

[Return to Job Income](#)

You've told us that October has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.

### Employer

\*Name of Employer

Bank

Street # PO Box # or Street Name Apt #

PO Box

City State Zip Code

Boulder Colorado 80305

Employer Phone

999-999-9999

When did October start this job?

07/21/2012

If this job recently ended or is going to end, tell us the end date of the job.

What is the end date of this job?

### Pay Period

\* How often does October get paid? This is October's **pay period**.

Monthly

Tell us how many hours October works in a week.

40

\* When was the most recent paycheck received?

08/31/2016

### Gross Pay

\* Tell us the total gross pay that October gets each pay period. By gross pay, we mean the amount October earns before taxes or anything else is taken out of the pay check. By pay period, we mean the time between each pay check.

\$2200.00

Does October receive pay for being a minister as part of this gross pay?

Yes  No

Is any part of this gross pay from seasonal employment?

Yes  No

Is any part of this gross pay from commission-based, including tipped, employment?

Yes  No

Tell us the total gross pay that October got or will get this month as a one time payment from this employer.

\$

### Job Income Expenses/Deductions

\* Did October have any job income expenses/deductions?

Yes  No

Does October have any other jobs?

Yes  No

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## Gross Pay

\* Tell us the total gross pay that October gets each pay period. By gross pay, we mean the amount October earns before taxes or anything else is taken out of the pay check. By pay period, we mean the time between each pay check.

\$2200.00

Does October receive pay for being a minister as part of this gross pay?

Yes  No

- If yes is indicated, addition information about housing allowance is captured

### Help/Hover Text:

- If you are a minister who receives both a salary and a designated housing allowance for your work as a minister, that housing allowance may not count as income when determining if you qualify for some Medical Assistance programs.



## More About October's Job

If you have a job, answer the questions on this page.

If you came to this page by mistake, click the button below to clear this page and go back to the Job Income screen.

[Return to Job Income](#)

You've told us that October has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.

### Employer

\*Name of Employer

Bank

Street # PO Box # or Street Name Apt #

PO Box

City State Zip Code

Boulder Colorado 80305

Employer Phone

999-999-9999

When did October start this job?

07/21/2012

If this job recently ended or is going to end, tell us the end date of the job.

What is the end date of this job?

### Pay Period

\* How often does October get paid? This is October's **pay period**.

Monthly

Tell us how many hours October works in a week.

40

\* When was the most recent paycheck received?

08/31/2016

### Gross Pay

\* Tell us the total gross pay that October gets each pay period. By gross pay, we mean the amount October earns before taxes or anything else is taken out of the pay check. By pay period, we mean the time between each pay check.

\$2200.00

Does October receive pay for being a minister as part of this gross pay?

Yes  No

Is any part of this gross pay from seasonal employment?

Yes  No

Is any part of this gross pay from commission-based, including tipped, employment?

Yes  No

Tell us the total gross pay that October got or will get this month as a one time payment from this employer.

\$

### Job Income Expenses/Deductions

\* Did October have any job income expenses/deductions?

Yes  No

Does October have any other jobs?

Yes  No

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## Gross Pay

\* Tell us the total gross pay that October gets each pay period. By gross pay, we mean the amount October earns before taxes or anything else is taken out of the pay check. By pay period, we mean the time between each pay check.

\$2200.00

Does October receive pay for being a minister as part of this gross pay?

Yes  No

Is any part of this gross pay from seasonal employment?

Yes  No

Is any part of this gross pay from commission-based, including tipped, employment?

Yes  No

## Help/Hover Text:

- Seasonal employees are typically hired to work part of the year for a set period of time. Examples include some ski resort employees, certain seasonal farm workers, holiday retail sales associate, etc.
- A commission is money, including tips, paid to an employee for completing a task, usually selling certain goods or services. A commission may be paid in addition to other pay or instead of it. This does not include overtime pay or bonuses. Examples include car sales, real estate sales, and waiters/waitresses.

# More About October's Job

If you have a job, answer the questions on this page.

If you came to this page by mistake, click the button below to clear this page and go back to the Job Income screen.

[Return to Job Income](#)

You've told us that October has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.

## Employer

\*Name of Employer

Bank

Street # PO Box # or Street Name Apt #

PO Box

City State Zip Code

Boulder Colorado 80305

Employer Phone

999-999-9999

When did October start this job?

07/21/2012

If this job recently ended or is going to end, tell us the end date of the job.

What is the end date of this job?

## Pay Period

\* How often does October get paid? This is October's **pay period**.

Monthly

Tell us how many hours October works in a week.

40

\* When was the most recent paycheck received?

08/31/2016

## Gross Pay

\* Tell us the total gross pay that October gets each pay period. By gross pay, we mean the amount October earns before taxes or anything else is taken out of the pay check. By pay period, we mean the time between each pay check.

\$2200.00

Does October receive pay for being a minister as part of this gross pay?

Yes  No

Is any part of this gross pay from seasonal employment?

Yes  No

Is any part of this gross pay from commission-based, including tipped, employment?

Yes  No

Tell us the total gross pay that October got or will get this month as a one time payment from this employer.

\$

## Job Income Expenses/Deductions

\* Did October have any job income expenses/deductions?

Yes  No

Does October have any other jobs?

Yes  No

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## Job Income Expenses/Deductions

\* Did October have any job income expenses/deductions?

Yes  No

Does October have any other jobs?

Yes  No

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# Job Income

\*Is anyone in your home currently employed or were they employed in the last 60 days? [?](#)  
 Yes  No

**Current or Recent Job**

Who	Employer	Hours	How Much	Action
October	Bank	40.00	\$2200.00	<a href="#">Edit</a> <a href="#">✕</a>

Name:  [Add](#)

## Current or Recent Job

Who	Employer	Hours	How Much	Action
October	Bank	40.00	\$2200.00	<a href="#">Edit</a> <a href="#">✕</a>

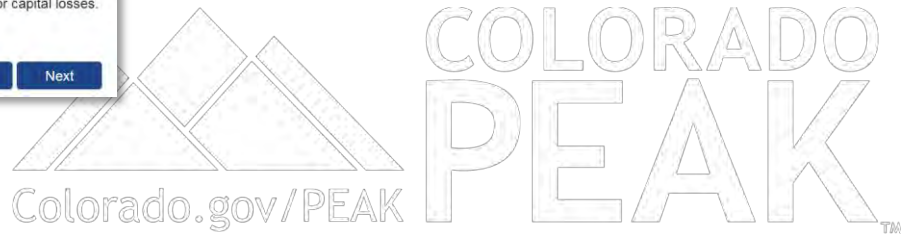
\*Is anyone in your home currently self-employed? [?](#)  
 Yes  No

Is anyone in your home currently receiving goods in exchange for work? [?](#)  
 Yes  No

Is anyone in your home paying for things that can be deducted on an income tax return? This will include legal conservator fees, alimony, penalty on early withdrawal of savings, or capital losses.  
 Yes  No

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- Opportunity to review newly entered job record



# Job Income

\*Is anyone in your home currently employed or were they employed in the last 60 days? [?](#)

Yes  No

## Current or Recent Job

Who	Employer	Hours	How Much	Action
October	Bank	40.00	\$2200.00	<a href="#">Edit</a>

Name: Amy [Add](#)

\*Is anyone in your home currently self-employed? [?](#)

Yes  No

Is anyone in your home currently receiving goods in exchange for work? [?](#)

Yes  No

Is anyone in your home paying for things that can be deducted on an income tax return? This will include legal conservator fees, alimony, penalty on early withdrawal of savings, or capital losses.

Yes  No

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\*Is anyone in your home currently self-employed? [?](#)

Yes  No

Is anyone in your home currently receiving goods in exchange for work? [?](#)

Yes  No

Is anyone in your home paying for things that can be deducted on an income tax return? This will include legal conservator fees, alimony, penalty on early withdrawal of savings, or capital losses.

Yes  No

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## Other Income

\*Does anyone in your home get money from sources other than a job or self-employment?

Yes  No

Does anyone in your home receive grants, scholarships, or work-study that they use for non-educational living expenses? [?](#)

Yes  No

Does anyone in your home receive other grants, loans, or scholarships?

Yes  No

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## Other Income

\*Does anyone in your home get money from sources other than a job or self-employment?

Yes  No

### • Other Income Categories:

< click here to choose > ▼

< click here to choose >

Adoption & Refugee

Loans, Annuities, Dividends

Other

Payments for Family

Private Disability

Retirement

Social Security

Unemployment Insurance Benefit

Worker's Comp Permanent

Rental

Room & Board



# Past Income and Expenses/Deductions

### Past Employment and Other Income

\*Did anyone in your home have income from a past job, self-employment, or other sources during 2016 that they will need to include on your tax return? ?

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

### Past Expenses/Deductions

\*Did anyone in your home have past expenses during 2016 that they will need to include on your tax return?

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

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# Past Employment and Other Income

\*Did anyone in your home have income from a past job, self-employment, or other sources during 2016 that they will need to include on your tax return? ?

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one



# Household Annual Income and Expenses/Deductions

We have automatically estimated your annual income, expenses, and deductions based on the information you have provided us. If you think this amount will be different for , please enter that amount in the Actual Annual Amount field for each record.

**Income Calculation**

**Job Income**

Who Has It	Company Name	Reported	Annual	Actual Annual Amount for 2016	Actual Annual Amount for 2017
October	Bank	\$2200.00 Monthly	\$26400.00	<input type="text" value="\$27500.00"/>	<input type="text" value="\$27500.00"/>
Amy	Local Gym	\$960.00 Monthly	\$11520.00	<input type="text" value="\$12000.00"/>	<input type="text" value="\$13000.00"/>

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## Income Calculation

### Job Income

Who Has It	Company Name	Reported	Annual	Actual Annual Amount for 2016	Actual Annual Amount for 2017
October	Bank	\$2200.00 Monthly	\$26400.00	<input type="text" value="\$27500.00"/>	<input type="text" value="\$27500.00"/>
Amy	Local Gym	\$960.00 Monthly	\$11520.00	<input type="text" value="\$12000.00"/>	<input type="text" value="\$13000.00"/>

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- If needed, adjust expected annual income and deductions

## Reasons for Income Differences

After you submit this application, we are required to verify the income you tell us. We need to know if income has changed for anyone in your household in the last two years.

Please mark the box next to the person's name if their income changed in the last two years.

### Reasons for Income Differences

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

Why did October's income change? Select all reasons that apply.

- Stopped working at a job
- Hours changed at a job
- Wage or salary changed at a job

When did this change occur?

- Change in employment
- Marriage, Legal Separation, or Divorce
- Death in family
- Other

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## Reasons for Income Differences

- October Enhancements
- Amy Enhancements
- James Enhancements
- No one

Why did October's income change? Select all reasons that apply.

- Stopped working at a job
- Hours changed at a job
- Wage or salary changed at a job

When did this change occur?

- Change in employment
- Marriage, Legal Separation, or Divorce
- Death in family
- Other

Colorado.gov/

### Additional Information

\*Is anyone in your home eligible for health coverage from TRICARE or enrolled in health coverage from the Peace Corps or any other state or federal full-benefit health coverage?

Yes  No

\*Does anyone in your home have access to health coverage through a current employer (even if it's from another person's job, like a spouse)?

Yes  No

Is anyone in your home currently enrolled in health coverage from COBRA, Retiree, Railroad Retirement, or Veteran's Health Plan?

Yes  No

\*Is anyone in your home covered by Health Insurance that you have not already reported above?

Yes  No

Has anyone in your home received a Supplemental Security Income (SSI) approval letter or is anyone getting SSI 1619(a) or (b) benefits?

Yes  No



## Additional Information

\*Is anyone in your home eligible for health coverage from TRICARE or enrolled in health coverage from the Peace Corps or any other state or federal full-benefit health coverage?

Yes  No

\*Does anyone in your home have access to health coverage through a current employer (even if it's from another person's job, like a spouse)?

Yes  No

Is anyone in your home currently enrolled in health coverage from COBRA, Retiree, Railroad Retirement, or Veteran's Health Plan?

Yes  No

\*Is anyone in your home covered by Health Insurance that you have not already reported above?

Yes  No

Has anyone in your home received a Supplemental Security Income (SSI) approval letter or is anyone getting SSI 1619(a) or (b) benefits?

Yes  No

- Insurance coverage information is indicated here

### Uninsured Household Members

\*Was anyone in your home uninsured within the last six months?

October Enhancements  
 Army Enhancements  
 James Enhancements  
 No one

Colorado.gov

# Secondary Account Holders

## Secondary Account Holders

Check the box for anyone in your household eighteen or older that you would like to make a secondary account holder.

By doing so you agree:

- They are 18 years of age or older.
- They are allowed to complete the application for you and make changes.
- They have access to all of the information reported on this application, including personal and income information.

Any Enhancements

Note: Your secondary account holders can create their own account after you submit this application in order to view your household information and report future changes. They will be able to create this account using their Social Security Number or the State ID they will be assigned along with the Case Number that will be assigned with your eligibility results. Be sure to write this information down at the end of your application or when you receive your official eligibility determination in the mail.

Please keep in mind that in the event you do not receive a case number at the end of your application, you will be contacted by a case worker to complete your information and receive your case number.

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ADO  
NK<sup>TM</sup>

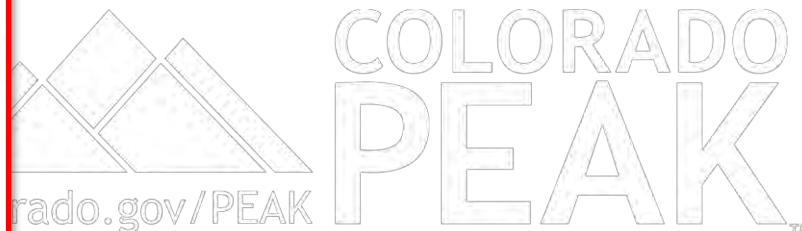


# Medical Assistance Application Summary

You have provided the following information for your Medical Assistance application.

Basic Information			
<b>Applicant</b>	<b>Date of Birth</b>	<a href="#">Edit</a>	
October Enhancements	01/01/1990		
<b>Address</b>			
	LONGMONT, CO 805015456		
<b>Contact Information</b>	<b>Email Address</b>	<b>Correspondence Preference</b>	
999-999-9999	october.enhancements@p eak.com	US Mail	
<b>Programs Requested</b>			
Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)			
Household Members			
<b>Household Members</b>	<b>Date of Birth</b>	<b>Marital Status</b>	<a href="#">Edit</a>
October Enhancements	01/01/1990	Married	
Amy Enhancements	02/01/1990	Married	
James Enhancements	03/01/2015		
<b>Programs Requested</b>			
October	Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)		
Amy	Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)		
James	Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)		
<b>Tax Filing Information</b>			
<b>Tax Filing Information</b>	<b>Tax Filing Status</b>		
October	Married Filing Jointly		
Amy	Married Filing Jointly		
James	None		
Income Information			
<b>Job Income</b>		<b>Annual Amount</b>	<a href="#">Edit</a>
October		\$ 27500.00	
Amy		\$ 12000.00	
<b>Reasons for Income Differences</b>			
<b>Reasons for Income Differences</b>	<b>Reason</b>		
October	Wage or salary changed at a job		

- Final opportunity to review and edit application information



## Food Assistance

As an applicant for Medical Assistance, you may also qualify for Food Assistance. Food Assistance is a monthly benefit to help purchase groceries. Would you like to apply for Food Assistance now? You will not need to answer any other questions at this time. Your county will contact you to complete an interview after you submit your application.

Yes  No

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# Medical Assistance Application Summary

You have provided the following information for your Medical Assistance application.

### Basic Information

<b>Applicant</b>	<b>Date of Birth</b>	<a href="#">Edit</a>
October Enhancements	01/01/1990	
<b>Address</b>		
[REDACTED]	LONGMONT, CO 805015456	
<b>Contact Information</b>	<b>Email Address</b>	<b>Correspondence Preference</b>
999-999-9999	october.enhancements@peak.com	US Mail
<b>Programs Requested</b>		
Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)		

### Household Members

<b>Household Members</b>	<b>Date of Birth</b>	<b>Marital Status</b>	<a href="#">Edit</a>
October Enhancements	01/01/1990	Married	
Amy Enhancements	02/01/1990	Married	
James Enhancements	03/01/2015		
<b>Programs Requested</b>			
October	Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)		
Amy	Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)		
James	Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)		
<b>Tax Filing Information</b>	<b>Tax Filing Status</b>		
October	Married Filing Jointly		
Amy	Married Filing Jointly		
James	None		

### Income Information

<b>Job Income</b>	<b>Annual Amount</b>	<a href="#">Edit</a>
October	\$ 27500.00	
Amy	\$ 12000.00	
<b>Reasons for Income Differences</b>	<b>Reason</b>	<a href="#">Edit</a>
October	Wage or salary changed at a job	

## Food Assistance

As an applicant for Medical Assistance, you may also qualify for Food Assistance. Food Assistance is a monthly benefit to help purchase groceries. Would you like to apply for Food Assistance now? You will not need to answer any other questions at this time. Your county will contact you to complete an interview after you submit your application.

Yes  No



### Food Assistance

As an applicant for Medical Assistance, you may also qualify for Food Assistance. Food Assistance is a monthly benefit to help purchase groceries. Would you like to apply for Food Assistance now? You will not need to answer any other questions at this time. Your county will contact you to complete an interview after you submit your application.

Yes  No

# Signing Your Application

## Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes  No

You may also register to vote by filling out and mailing a paper voter registration form.

[Voter Registration Form \(English\)](#)  
[Voter Registration Form \(Spanish\)](#)

If you are in a Human Services Office, Social Services Office, Resource Center, Community Service Office and need help completing the voter registration, please ask for help. The staff at these offices can help you.

If you are not in one of the above offices and need help, please contact your local County Clerk's office.

You are just a few minutes away from submitting your application. To do so, you will need to:

- Read the Rights and Responsibilities we've listed below.
- Check the signature box and type your name below to sign your application.

## What I Should Know

PLEASE KEEP THIS FOR YOUR INFORMATION.

**By completing and signing the State of Colorado Application for Public Assistance and other documents required to determine whether I'm eligible for public assistance benefits AND by accepting benefits that I am eligible to receive, I understand the following information and agree to the following requirements:**

- I must tell the truth; it is a crime to lie on this application.
- I may have to give papers that show what I've told you is true.
- I must tell you of any changes in money I get.
- I must tell you of any changes to the information I gave you on my application.
- If I think you made a mistake, I can ask for an appeal or fair hearing.

The discrimination policy of Connect for Health Colorado is as follows: Following federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity or disability. I can file a complaint of discrimination by visiting

## Electronic Signature

If you have a legal guardian, he or she should sign below. If you have a power of attorney or an authorized representative, either you or that person may sign this application. If anyone else is helping you fill out the application, you should sign the application yourself.

I have agreed to submit this application for myself and/or my family. By signing this application electronically, I certify that I have reviewed this application; that I understand and agree to the Rights, Responsibilities and Penalties; and that under penalty of perjury, I certify the information I have given is true including the information concerning citizenship and alien status. I have received information on how to apply, what information is available, and what I may need to give the application site to help me with getting benefits.

- I understand the questions and statements on this application.
- I have read and understand my Rights & Responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the application site may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.
- I understand I can be punished by law if I do not tell the complete truth.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I have read the Rights and Responsibilities.

\*By checking this box and typing my name below, I am electronically signing my application.

\*First Name  Middle Initial  \*Last Name   
October  Enhancements

Back

Submit

# Signing Your Application

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 October                                           Enhancements

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 October                                           Enhancements





**Thank You!**

Your application tracking number is 50 [REDACTED]. Be sure to write this number down or print this page for your records.

Your online application has been sent to Boulder county. If you have questions about the status of your online application, please contact Boulder county. To find the county address [click here](#). Have your application tracking number available to get answers more quickly.

Before submitting another application, contact Boulder county and provide your application tracking number.


[Click here](#) for more information about how long it may take to get an answer.

**Print Your Application**

If you would like to print a copy of your application for your files, please click the "Print My Application" button. If you decide to print, please keep in mind that your application has your private, personal information in it:

- [Print My Application](#)
- [Print My Types of Proof Needed](#)
- [Print My Rights & Responsibilities](#)

You'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:




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### Medical Assistance Results

Case Number : 1B [REDACTED]  
 Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+ Marketplace Programs

Month	Program	Status
11/2016		Denied
October State ID: [REDACTED]		Denied
10/2016		Denied
09/2016		Denied
11/2016		Denied
Amy State ID: [REDACTED]		Denied
10/2016		Denied
09/2016		Denied
11/2016	CHP+ Assistance	Pending
James State ID: [REDACTED]		Pending
10/2016	CHP+ Assistance	Pending
09/2016	CHP+ Assistance	Pending

You will get more information about your application in the mail. You will not be able to shop for a private health plan through Connect for Health Colorado outside of Open Enrollment unless you have a Qualified Life Change Event even if the results show you qualify for Tax Credits. If you also applied for Food Assistance, Colorado Works, or Adult Financial, your application was sent to Boulder county.

**Verification Needed**

Keep in mind that your application office worker may ask for proof of some of the things you told us in your application. We've created a list of the types of proof that you may need to provide. Click the Verification Needed button to view this list. If you have scanned copies of acceptable verification documents, you may upload these from the Verification Needed page. If you want to do this later, you may return to your account and do so after you receive your verification checklist.

[Verification Needed](#)

## Medical Assistance Results

Case Number : 1B [REDACTED]  
 Authorization Number : 43 [REDACTED]

	Health First Colorado (Colorado Medicaid) / CHP+	Marketplace Programs	
	Month	Program	Status
	11/2016		Denied
October State ID: [REDACTED]	10/2016		Denied
	09/2016		Denied
	11/2016		Denied
Amy State ID: [REDACTED]	10/2016		Denied
	09/2016		Denied
	11/2016	CHP+ Assistance	Pending
James State ID: [REDACTED]	10/2016	CHP+ Assistance	Pending
	09/2016	CHP+ Assistance	Pending

You will get more information about your application in the mail. You will not be able to shop for a private health plan through Connect for Health Colorado outside of Open Enrollment unless you have a Qualified Life Change Event even if the results show you qualify for Tax Credits. If you also applied for Food Assistance, Colorado Works, or Adult Financial, your application was sent to Boulder county.







# Medical Assistance Results

Case Number : 1B [redacted]  
 Authorization Number : 43 [redacted]

Health First Colorado (Colorado Medicaid) / CHP+ Marketplace Programs

Month	Program	Status
-------	---------	--------

## James's Income calculation ✕

Month 09/2016 ▾

	Amount
Gross Earned Income	\$3,160.00
Earned Income Disregard	-\$0.00
<b>Net Earned Income</b>	<b>\$3,160.00</b>
Gross Unearned Income	\$0.00
Unearned Income Disregard	-\$0.00
<b>Net Unearned Income</b>	<b>\$0.00</b>
5% Standard Disregard	-\$0.00
Total Expenses	-\$0.00
Total Deductions	-\$0.00
<b>Total Net Income</b>	<b>\$3,160.00</b>

Total Net Income	Net Income Standard
\$3,160.00	\$4,368.00

**Note:** IRS deduction limits may have been applied to the amounts you entered

**Note:** If you have income from self-employment, seasonal employment, or commission-based employment, your Gross Earned Income on this page may be different from the monthly income you reported earlier in the application.

- Denied
- Denied
- Denied
- Denied
- Denied
- Pending
- Pending
- Pending







### Medical Assistance Results

Case Number : 1B [REDACTED]  
 Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+ Marketplace Programs

2017

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
October	2017-01-01	Eligible \$292.79 per household per month	73% AV Silver Level Plan	Eligible	Eligible
Amy	2017-01-01	Eligible \$292.79 per household per month	73% AV Silver Level Plan	Eligible	Eligible
James		Not Eligible	N/A	Eligible	Not Eligible

#### Verification Needed

Keep in mind that your application office worker may ask for proof of some of the things you told us in your application. We've created a list of the types of proof that you may need to provide. Click the Verification Needed button to view this list. If you have scanned copies of acceptable verification documents, you may upload these from the Verification Needed page. If you want to do this later, you may return to your account and do so after you receive your verification checklist.

[Verification Needed](#)

You may be asked to talk with an application worker by phone or in person in order to get benefits.

If you were approved for Tax Credits, this means you have been denied for Health First Colorado (Colorado Medicaid).

### Medical Assistance Results

Case Number : 1B [REDACTED]

Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+

Marketplace Programs

2017

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
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Amy	2017-01-01	Eligible \$292.79 per household per month	73% AV Silver Level Plan	Eligible	Eligible
James		Not Eligible	N/A	Eligible	Not Eligible

Colorado.gov/PE

PEAK October Ent. 10

### Medical Assistance Results

Case Number : 1B [REDACTED]  
 Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+ Marketplace Programs

2017

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
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Colorado.gov/P

## Medical Assistance Results

Case Number : 1B [REDACTED]

Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+

Marketplace Programs

2017

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
October	2017-01-01	Eligible \$292.79 per household per month	73% AV Silver Level Plan	Eligible	Eligible
Amy	2017-01-01	Eligible \$292.79 per household per month	73% AV Silver Level Plan	Eligible	Eligible
James		Not Eligible	N/A	Eligible	Not Eligible

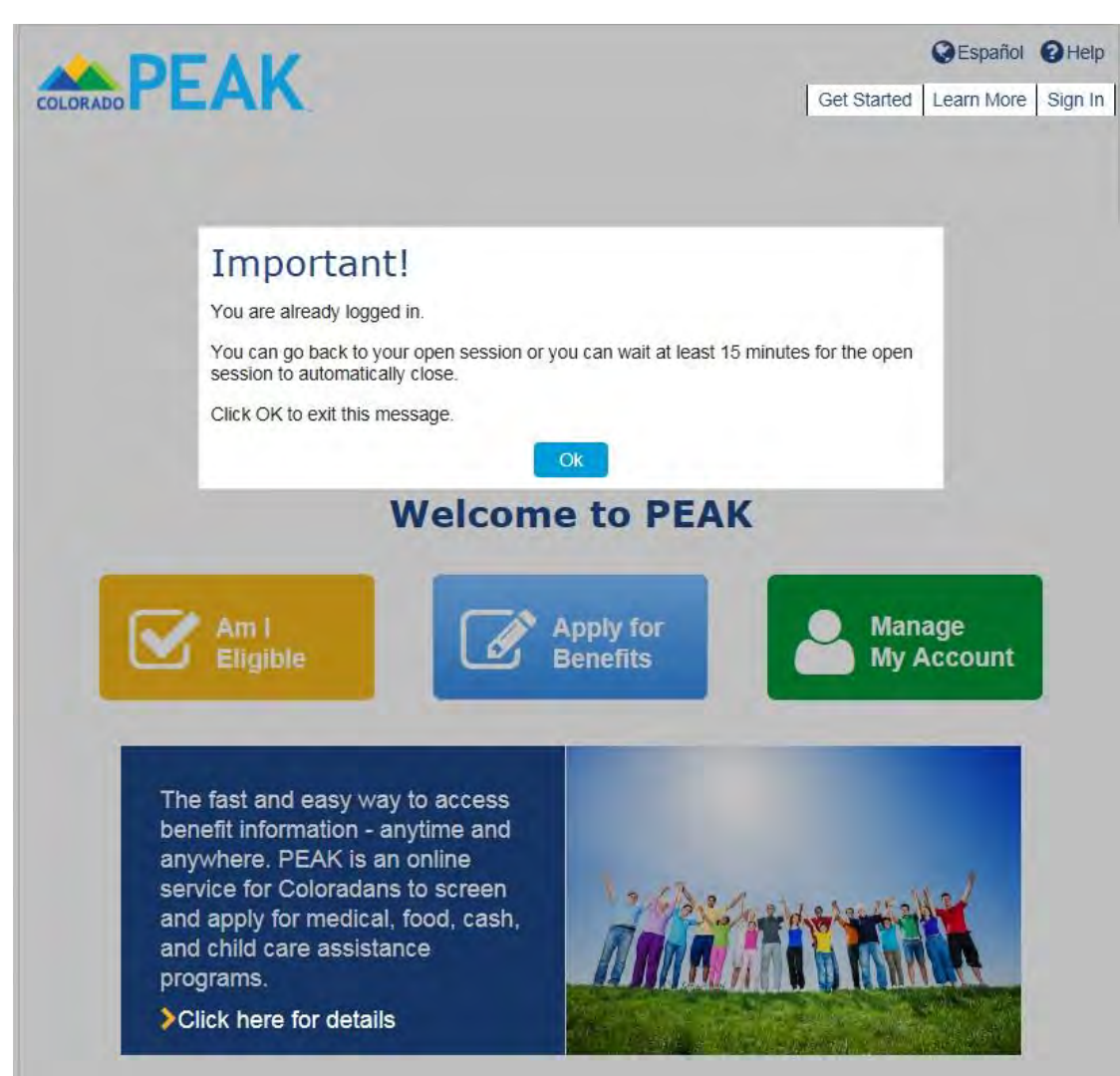
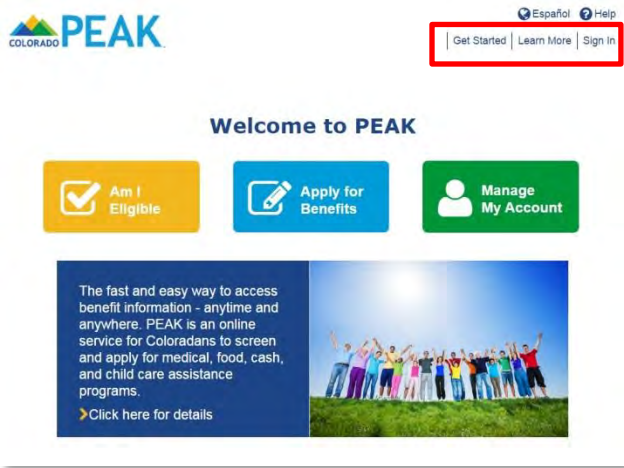
### October's Income calculation

	Amount
Net Earned Income	\$40,500.00
Net Unearned Income	\$0.00
Total Expenses	-\$0.00
Total Deductions	-\$0.00
<b>Total Net Income</b>	\$40,500.00
<b>Total Net Income</b>	<b>Net Income Standard</b>
\$40,500.00	\$80,640.00

**Note:** IRS deduction limits may have been applied to the amounts you entered

# APPLICATION WALK-THROUGH: REPORT MY CHANGES





# Account Overview

Case: 1B [REDACTED]

## Account Information

NAME		CASE NUMBER	
Frank Park		1BBMX10	<a href="#">County Contacts</a>
HOME ADDRESS		MAILING ADDRESS	
[REDACTED] BOULDER ,CO 80304		[REDACTED] BOULDER ,CO 80304	
SPOKEN LANGUAGE		CORRESPONDENCE LANGUAGE	
English		English	
PHONE NUMBER			
Home: 999-999-9999		Message/Work: None	
Cell: None		Text message notification: None	
EMAIL ADDRESS			
Username: frankpark@peak.com		Email notification: None	
Contact: None		Informational messages: None	
FONT SIZE PREFERENCE		NOTIFICATION PREFERENCE	
14 point		US Mail	

[Report Change](#)

## Household

NAME	AGE	SOCIAL SECURITY NUMBER	RELATIONSHIP TO
Molly Park	28	***-**- [REDACTED]	Wife
Frank Park	29	***-**- [REDACTED]	Head of Household

[Report Change](#)

- [Overview](#)
- [Benefits](#)
- [Report My Changes](#)
- [Redetermination / Recertification](#)
- [Payments](#)
- [Express Lane Eligibility](#)
- [Account Management](#)
- [Communications](#)



## Report Your Changes

[Overview](#)[Benefits](#)[Report My Changes](#)[Redetermination /  
Recertification](#)[Payments](#)[Express Lane  
Eligibility](#)[Account  
Management](#)[Communications](#)

To report changes to your current Food, Medical, or Cash Assistance benefits, click on the button below.

[Report Changes](#)

Keep in mind if you make a change to information in one case, it may affect eligibility in other cases.



## Summary of Your Information

Before we begin, let's look at the information Connect for Health Colorado used to determine that you or someone in your household qualified for Advance Premium Tax Credits (APTC) and/or Cost Sharing Reductions (CSR).

To review a summary of your information, click on the plus [ + ] button next to each category below. To hide the category details, click on the minus [ - ] button. On the next page, you can tell us about any changes you need to report for your household.

[Collapse All] [Expand All]

### Household Members

Name	Requesting Assistance	Date of Birth
Frank Park	Yes	05/21/1987
Molly Park	Yes	08/01/1988

### Contact Information

### Personal Information

### Citizenship or Lawful Presence

### Household Income

### Deductions and Expenses (including Self-Employment)

### Other Health Insurance

Next

## Summary of Your Information

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### Contact Information

### Personal Information

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### Household Income

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### Other Health Insurance

Next

Colorado.

[Collapse All] [Expand All]

## Household Members

Name	Requesting Assistance	Date of Birth
Frank Park	Yes	05/21/1987
Molly Park	Yes	08/01/1988

### Contact Information

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## Household Members

Name	Requesting Assistance	Date of Birth
Frank Park	Yes	05/21/1987
Molly Park	Yes	08/01/1988

## Contact Information

Address	[REDACTED]	BOULDER, CO 80304
Phone Number	999-999-9999	
Email Address		

## Personal Information

Name	Tax Filing Status	Marital status	CO Resident	Member of a Federally Recognized Tribe
Frank Park	Married Filing Jointly	Married	Yes	
Molly Park	Married Filing Jointly	Married	Yes	

## Citizenship or Lawful Presence

Name	Citizenship or Lawful Presence Status	Non-Citizen Number	Document/ Card Type	Class Code	Document/ Card Expiration Date
Frank Park	US Born				
Molly Park	US Born				

## Household Income

Name	Source	Frequency of Pay	Amount	Annual Amount	Actual Annual Amount	Income End Date
Frank Park	Frank Business Inc.	Monthly	\$ 3500.00	\$ 42000.00	\$ 40000.00	
Molly Park	Local Bank	Monthly	\$ 1300.00	\$ 15600.00	\$ 6500.00	

2016

Tax Household	Members	Total Tax Household Income
#1	Frank Park, Molly Park	39,700.00

2017

Tax Household	Members	Total Tax Household Income
#1	Frank Park, Molly Park	38,800.00

## Deductions and Expenses (including Self-Employment)

Name	Type	Frequency	Amount	Annual Amount	Actual Annual Amount
Frank Park	Equipment	Monthly	\$ 125.00	\$ 1500.00	\$ 1500.00
	Equipment & Property Rental	Monthly	\$ 250.00	\$ 3000.00	\$ 3000.00
	Insurance Premiums	Monthly	\$ 65.00	\$ 780.00	\$ 780.00
	Professional Services	Monthly	\$ 300.00	\$ 3600.00	\$ 3600.00
	Rent	Monthly	\$ 600.00	\$ 7200.00	\$ 7200.00
	Federal Taxes	Monthly	\$ 60.00	\$ 720.00	\$ 720.00
	State Tax	Monthly	\$ 0.00	\$ 0.00	\$ 1000.00

## Other Health Insurance

Name	Type of Insurance	Date You Became Eligible	Date Coverage Ended
Molly Park	Health insurance		

Next

# Household Members

Name	Requesting Assistance	Date of Birth
Frank Park	Yes	05/21/1987
Molly Park	Yes	08/01/1988

# Contact Information

Address	[REDACTED]	BOULDER, CO 80304
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Email Address		

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Phone Number	999-999-9999	
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Molly Park	Married Filing Jointly	Married	Yes	

## Citizenship or Lawful Presence

Name	Citizenship or Lawful Presence Status	Non-Citizen Number	Document/ Card Type	Class Code	Document/ Card Expiration Date
Frank Park	US Born				
Molly Park	US Born				

## Household Income

Name	Source	Frequency of Pay	Amount	Annual Amount	Actual Annual Amount	Income End Date
Frank Park	Frank Business Inc.	Monthly	\$ 3500.00	\$ 42000.00	\$ 40000.00	
Molly Park	Local Bank	Monthly	\$ 1300.00	\$ 15600.00	\$ 6500.00	

## 2016

Tax Household	Members	Total Tax Household Income
#1	Frank Park, Molly Park	39,700.00

## 2017

Tax Household	Members	Total Tax Household Income
#1	Frank Park, Molly Park	38,800.00

## Deductions and Expenses (including Self-Employment)

Name	Type	Frequency	Amount	Annual Amount	Actual Annual Amount
Frank Park	Equipment	Monthly	\$ 125.00	\$ 1500.00	\$ 1500.00
	Equipment & Property Rental Insurance Premiums	Monthly	\$ 250.00	\$ 3000.00	\$ 3000.00
	Professional Services	Monthly	\$ 65.00	\$ 780.00	\$ 780.00
	Professional Services	Monthly	\$ 300.00	\$ 3600.00	\$ 3600.00
	Rent	Monthly	\$ 600.00	\$ 7200.00	\$ 7200.00
	Federal Taxes	Monthly	\$ 60.00	\$ 720.00	\$ 720.00
	State Tax	Monthly	\$ 0.00	\$ 0.00	\$ 1000.00

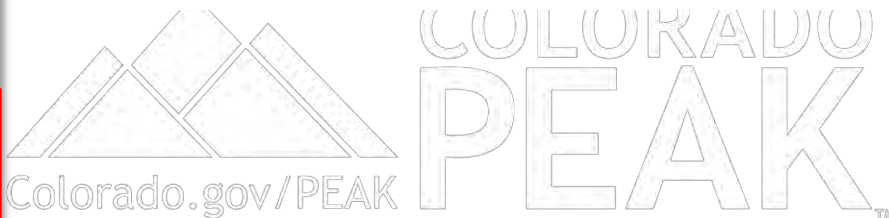
## Other Health Insurance

Name	Type of Insurance	Date You Became Eligible	Date Coverage Ended
Molly Park	Health insurance		

Next

# Citizenship or Lawful Presence

Name	Citizenship or Lawful Presence Status	Non-Citizen Number	Document/ Card Type	Class Code	Document/ Card Expiration Date
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# Summary of Your Information

Before we begin, let's look at the information Connect for Health Colorado used to determine that you or someone in your household qualified for Advance Premium Tax Credits (APTC) and/or Cost Sharing Reductions (CSR).

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[Collapse All]

## Household Members

Name	Requesting Assistance	Date of Birth
Frank Park	Yes	05/21/1987
Molly Park	Yes	08/01/1988

## Contact Information

Address	[REDACTED]	BOULDER, CO 80304
Phone Number	999-999-9999	
Email Address		

## Personal Information

Name	Tax Filing Status	Marital status	CO Resident	Member of a Federally Recognized Tribe
Frank Park	Married Filing Jointly	Married	Yes	
Molly Park	Married Filing Jointly	Married	Yes	

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	Rent	Monthly	\$ 600.00	\$ 7200.00	\$ 7200.00
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Name	Type of Insurance	Date You Became Eligible	Date Coverage Ended
Molly Park	Health insurance		

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 Phone Number: 999-999-9999  
 Email Address: [REDACTED]

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[Next](#)



2016

Tax Household

Members

Total Tax Household Income

#1

Frank Park, Molly Park

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[Collapse All]

## Other Health Insurance

Name	Type of Insurance	Date You Became Eligible	Date Coverage Ended
Molly Park	Health Insurance		

Next

• Select next to move on to Report My Changes

Colorado.gov/PEAK

Other Health Insurance			
Name	Type of Insurance	Date You Became Eligible	Date Coverage Ended
Molly Park	Health insurance		

Next

## Welcome to Report My Changes!

You should only report changes that have already happened, and not changes you think will happen in the future. The exception to this is reporting the loss of other health insurance, which you can report up to 60 days before the other insurance ends.

Check the boxes for all of the changes that you want to report.

New Benefits

Add new benefits. [Click here](#) to find out more about what programs you can add.

Next

## Enhancement of Report My Changes

- New categorical tabs
- New *Review* page

New Benefits Household New Individuals, Newborns & Pregnancy Individual Income, Expenses, & Assets Review

- Navigation with back and next buttons

Back Next

- Language simplification
- New Help/Hover Text

### Income, Expense, and Asset Changes

- Job, income, and/or expenses from a job
- Liquid assets (cash, checking/savings account, or other)
- Non-liquid assets (vehicles, real estate, burial assets, life insurance)
- Medical expenses
- Dependent/elder care or child care expenses
- Health insurance [?](#)
- Medicare Part A, Part B, Part C, or Part D [?](#)


# Welcome to Report My Changes!

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Check the boxes for all of the changes that you want to report.

New Benefits	Household	New Individuals, Newborns & Pregnancy	Individual	Income, Expenses, & Assets	Review
--------------	-----------	---------------------------------------	------------	----------------------------	--------

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Add new benefits. [Click here](#) to find out more about what programs you can add.  


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New Benefits

Household

New Individuals,  
Newborns & Pregnancy

Individual

Income, Expenses, &  
Assets

Review

## Household Changes

- New address
- Authorized representative/organization ?
- Communication preferences ?
- Secondary account holder

Back

Next

# Welcome to Report My Changes!

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Check the boxes for all of the changes that you want to report.

New Benefits	Household	New Individuals, Newborns & Pregnancy	Individual	Income, Expenses, & Assets	Review
--------------	-----------	--	------------	-------------------------------	--------

## New Individuals, Newborns & Pregnancy

- Add a newborn (Age 0-1 year) [?](#)
- Add an individual (Age 1+) who is not a newborn
- Report pregnancy information

Back

Next



# Welcome to Report My Changes!

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Check the boxes for all of the changes that you want to report.

New Benefits

Household

New Individuals,  
Newborns & Pregnancy

Individual

Income, Expenses, &  
Assets

Review

## Individual Changes

- Someone left your home
- Death
- Disability, blindness, or inability to work because of illness or injury [?](#)
- Marital status
- Moved to a nursing home, acute care, hospital or long term care facility [?](#)
- SSI determination for more than 30 consecutive days
- Left the state
- In jail/prison or released from jail/prison
- Individual Details (Name, Date of Birth)
- Social Security Number
- Student status
- Tax filer information
- Immigration status or citizenship
- Federally-recognized tribal status
- Exemption status for the requirement to purchase health insurance

Back

Next

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You should only report changes that have already happened, and not changes you think will happen in the future. The exception to this is reporting the loss of other health insurance, which you can report up to 60 days before the other insurance ends.

Check the boxes for all of the changes that you want to report.

New Benefits	Household	New Individuals, Newborns & Pregnancy	Individual	<b>Income, Expenses, &amp; Assets</b>	Review
--------------	-----------	---------------------------------------	------------	---------------------------------------	--------

## Income, Expense, and Asset Changes

- Job, income, and/or expenses from a job
- Liquid assets (cash, checking/savings account, or other)
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- Medical expenses
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- Health insurance ?
- Medicare Part A, Part B, Part C, or Part D ?

[Back](#) [Next](#)

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You should only report changes that have already happened, and not changes you think will happen in the future. The exception to this is reporting the loss of other health insurance, which you can report up to 60 days before the other insurance ends.

Check the boxes for all of the changes that you want to report.

<b>New Benefits</b>	<b>Household</b>	<b>New Individuals, Newborns &amp; Pregnancy</b>	<b>Individual</b>	<b>Income, Expenses, &amp; Assets</b>	<b>Review</b>
---------------------	------------------	--	-------------------	---	---------------

These are the changes you have chosen to report. To add or remove changes, click the "Back" button. When you are ready to proceed, click the "Report Changes" button.

**Communication preferences**  
**Job, income, and/or expenses from a job**

[Back](#) [Report Changes](#)

# Contact Information and Correspondence Notification

## Contact Information

Tell us how we can get in touch with you. For the phone numbers, be sure to include area codes.

Home Phone  Cell Phone

Message/Work Phone  Ext  Type

Email Address

Click here to receive informational messages

## Notification Preference

Tell us how you want to receive correspondence. You can choose one or more methods. If you do not choose one of the methods, you will receive all correspondence notifications via U.S. Mail. Keep in mind if you choose text message, you must provide a cell phone number.

US Mail  
 EMail  
 Text Message

## Font Size Preference

Tell us if you want to receive Medical Assistance letters in 14 point font print size. This larger print size will be easier to read. If you do not make a selection, you will receive Medical Assistance letters in 12 point font print size.

Please send correspondence in:

12 point font print size  
 14 point font print size

## Language Preference

Tell us what your household's preferred spoken and written languages are.

Preferred Written Language  Preferred Spoken Language

## Contact Information

Tell us how we can get in touch with you. For the phone numbers, be sure to include area codes.

Home Phone  Cell Phone

Message/Work Phone  Ext  Type

Email Address


Click here to receive informational messages

o.gov/PEAK PEAK™




# Household Tax Information


Tell us more about the household's tax filing information.

\*Who is filing taxes jointly with Frank? 

Molly

\*Who is claiming Frank as a tax dependent? 

None

\*Who is claiming Molly as a tax dependent? 

None

Do you agree to allow Connect for Health Colorado to use income data, including information from tax returns? 


Yes  No

\* If yes, for how many years will you allow us to use this information? This may make it easier to determine your eligibility for help paying for coverage in future years. In the future, Connect for Health Colorado will check to make sure you're still eligible, and may ask you to provide proof of your income to ensure you still qualify. You can opt out of this at any time.

5 years  4 years  3 years  2 years  1 year

COLORADO  
PEAK



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5 years  4 years  3 years  2 years  1 year




# Review Your Household Changes

Before you submit or move on to other changes, please take a look to make sure everything is correct.

- If you need to edit a change you have told us about, click on Edit.
- If you need to add information for another individual, choose the person's name from the dropdown box in the right category. Then click the Add button.
- If you've changed your mind and don't want to report a change or new addition, click on the Erase button.

Once you've reviewed this summary, click the Next button at the bottom of the page.

## Contact Information Summary

Home Phone	E Mail	Notification Method	Font Size Preference	Action
999-999-9999	frankpark@peak.com	US Mail	14 point	<a href="#">Edit</a> 

## Relationships

Who	Relationships	Tax Relationships	Action
Frank	is the Husband of Molly		<a href="#">Edit</a>

[Back](#) [Next](#)



# Review Your Other Assets

You have told us that someone has a change to their other assets or you have added someone to the home. Here is how to report a change or add an asset for any of the types listed below:

- If someone has a new asset or a newly added person has an existing asset, select that person and click the Add button.
- If someone has gotten rid of an asset, click the End button for that asset.
- If someone has a change to an asset, click the Edit button for that asset. For example, you should click the Edit button to report a change
- If you want to delete a change you made or asset you added, click the X button to delete change or new asset.

## Vehicles

Owner	Type	Value	What Changed?	Options
-------	------	-------	---------------	---------

To add a vehicle, choose the name of the owner and click the Add button.

Name:

## Real Estate

Owner	Type	Address	What Changed?	Options
-------	------	---------	---------------	---------

To add real estate, choose the name of the owner and click the Add button.

Name:

## Burial Assets

Owner	Type	For	What Changed?	Options
-------	------	-----	---------------	---------

To add a burial asset, choose the name of the owner and click the Add button.

Name:

## Life Insurance

Owner	Face Value of Policy	Insurance Company	What Changed?	Options
-------	----------------------	-------------------	---------------	---------

To add a life insurance policy, choose the name of the owner and then click the "Add" button.

Name:



## Review Your Job Income

You have told us that someone has a change in a job or self-employment or you have added someone to the home. Here is how to report a change or add a job or job expense for any of the types of jobs listed below:

- If someone has a new job or job expense or a newly added person has an existing job or job expense, select that person and click the Add button.
- If a job or job expense has ended, click the End button to remove that job.
- If someone's job or job expense has changed, click the Edit button for that job. For example, you should click the Edit button to report a change in hours or pay, or if someone is on strike, or has returned to work from a strike.
- If you want to delete a change you made or job or job expense you added, click the X button to delete change or new job.

### Job Income

Who	Employer	Amount	Frequency	What Changed?	Action
Molly	Local Bank	\$1300.00	Monthly	This job has not changed	<a href="#">Edit</a> <a href="#">End</a>

Name:  [Add](#)

### Self Employment Income

Who	Monthly Amount	Self-Employment Name	What Changed?	Action
Frank	\$3500.00	Frank Business Inc.	This job has not changed	<a href="#">Edit</a> <a href="#">End</a>

Name:  [Add](#)

### In-Kind Income

Who	Type	Amount	Frequency	What Changed?	Action
-----	------	--------	-----------	---------------	--------

To add income for anyone who provides a service in exchange for goods, please choose their name and click the "Add" button.

Name:  [Add](#)

### Tax Deductions

Who	Type	Amount	Frequency	What Changed?	Action
-----	------	--------	-----------	---------------	--------

To add deductions for anyone in your home paying for legal conservator fees, alimony, penalty on early withdrawal of savings, or capital losses that can be deducted on an income tax return, please choose their name and click the Add button.

Name:  [Add](#)

[Back](#)

[Next](#)

## Job Income

Who	Employer	Amount	Frequency	What Changed?	Action
Molly	Local Bank	\$1300.00	Monthly	This job has not changed	<a href="#">Edit</a> <a href="#">End</a>

Name:  [Add](#)

- *Amount* and *Frequency* have been added for:
  - Job Income
  - In-Kind Income
  - Tax Deductions
  - Other Income
  - Grants or Scholarships (for non-educational living expenses)

## Review Your Job Income

You have told us that someone has a change in a job or self-employment or you have added someone to the home. Here is how to report a change or add a job or job expense for any of the types of jobs listed below:

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[Back](#) [Next](#)

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Frank	\$3500.00	Frank Business Inc.	This job has not changed	<a href="#">Edit</a> <a href="#">End</a>

Name:  [Add](#)

- Monthly Amount has been added to Self Employment Income

## Frank's Self-Employment Change

You have told us that there has been a change in Frank's self employment. On this page, you will see boxes where you can change, add or delete the information we have on file. When you have given us the correct information, click the Next button.

Keep in mind:

If something hasn't changed, you should leave the answer in the box the way it is.

We may not be able to show you what we have on file for your monthly business expenses. If your monthly business expenses are blank below, please type in your current monthly business expenses information.

### Self-Employment Details

What type of self-employment does Frank have? [?](#)

Self Employment

What is the name of Frank's self-employment business?

Frank Business Inc.

\*Is Frank the only owner of this business? [?](#)

Yes  No

Is this a home based business? [?](#)

Yes  No

When did Frank start this self-employment business?

07/01/2013

How many hours a week is Frank self-employed? If Frank's hours are not regular, please try to estimate the number of hours.

40.00

### Gross Pay

\*How much money does Frank's self-employment business make each month? Give us the amount that the business earns before any taxes, deductions, or expenses are taken out. [?](#)

\$ 3600.00

### Date of Change(s)

\*When did these changes happen?

09/01/2016

Back

Next

## Frank's Self-Employment Change

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## Self-Employment Details

What type of self-employment does Frank have?

Self Employment

What is the name of Frank's self-employment business?

Frank Business Inc.

\*Is Frank the only owner of this business?

Yes  No

Is this a home based business?

Yes  No

When did Frank start this self-employment business?

07/01/2013

How many hours a week is Frank self-employed? If Frank's hours are not regular, please try to estimate the number of hours.

40.00

## Gross Pay

\*How much money does Frank's self-employment business make each month? Give us the amount that the business earns before any taxes, deductions, or expenses are taken out.

\$ 3600.00

## Date of Change(s)

\*When did these changes happen?

09/01/2016

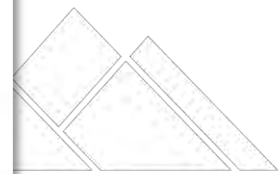
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## Date of Change(s)

\*When did these changes happen?

09/01/2016



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## More About Frank's Self-Employment

Does Frank have any monthly self-employment expenses?

Yes  No

Only include monthly expenses directly related to your business, no personal expenses are allowed. If you have questions on filling out this table, you can go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec) to get Schedule C of the 1040 form and its instructions.

\*Enter the amount of costs in this category that are not accounted for under Cost of Goods Sold.

### Self-Employment Expenses

Type	Monthly Amount	Begin Date
<input type="checkbox"/> Bad Debts		
<input checked="" type="checkbox"/> Business Equipment Cost*		
<input type="checkbox"/> Clothing/Uniforms		
<input checked="" type="checkbox"/> Equipment	\$ 125.00	09/23/2016
<input checked="" type="checkbox"/> Equipment & Property Rental	\$ 250.00	09/23/2016
<input type="checkbox"/> Upkeep of equipment/labor		
<input type="checkbox"/> Upkeep and Repairs		
<input type="checkbox"/> Home Owners Assoc. Fee		
<input type="checkbox"/> Car and Truck Expenses		
<input type="checkbox"/> Cost of Goods Sold		
<input type="checkbox"/> Depreciation		
<input checked="" type="checkbox"/> Insurance		
<input type="checkbox"/> Deductibles		
<input checked="" type="checkbox"/> Insurance Premiums	\$ 65.00	09/23/2016
<input type="checkbox"/> Loan Insurance Premium		
<input type="checkbox"/> Self-employed health insurance deduction		
<input type="checkbox"/> Interest		
<input type="checkbox"/> Labor/Employee Salaries*		
<input checked="" type="checkbox"/> Legal and Professional Fees (including Commissions and Fees)		
<input type="checkbox"/> Legal Conservator Fees		
<input type="checkbox"/> Loan Origination Fee		
<input type="checkbox"/> Mandatory Fees		
<input type="checkbox"/> Non-mandatory Fees		
<input checked="" type="checkbox"/> Professional Services	\$ 300.00	09/23/2016
<input type="checkbox"/> Trustee Fee		
<input type="checkbox"/> Legal and Professional Fees		
<input type="checkbox"/> Pension Plans		
<input checked="" type="checkbox"/> Rent or Lease		
<input checked="" type="checkbox"/> Rent	\$ 600.00	09/23/2016
<input type="checkbox"/> Reimbursing Your Employees for Expenses		
<input checked="" type="checkbox"/> Taxes and License		
<input checked="" type="checkbox"/> Federal Taxes	\$ 60.00	09/23/2016
<input type="checkbox"/> Self-Employment Adjustment		
<input type="checkbox"/> Property Taxes & Assessments		
<input checked="" type="checkbox"/> State Tax	\$ 0.00	09/23/2016
<input type="checkbox"/> Taxes-other		
<input type="checkbox"/> Education/Licensing/Certification		
<input type="checkbox"/> Deductible Part of Self Employment Tax		
<input type="checkbox"/> Travel, Meals, and Entertainment		
<input type="checkbox"/> Other (ex. Advertising, supplies and materials, utilities)*		

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<input checked="" type="checkbox"/> Equipment & Property Rental	\$ 250.00	09/23/2016
<input type="checkbox"/> Upkeep of equipment/labor		
<input type="checkbox"/> Upkeep and Repairs		
<input type="checkbox"/> Home Owners Assoc. Fee		
<input type="checkbox"/> Car and Truck Expenses		
<input type="checkbox"/> Cost of Goods Sold		
<input type="checkbox"/> Depreciation		
<input checked="" type="checkbox"/> Insurance		
<input type="checkbox"/> Deductibles		
<input checked="" type="checkbox"/> Insurance Premiums	\$ 65.00	09/23/2016
<input type="checkbox"/> Loan Insurance Premium		
<input type="checkbox"/> Self-employed health insurance deduction		

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<input type="checkbox"/> Loan Insurance Premium		
<input type="checkbox"/> Self-employed health insurance deduction		

<input type="checkbox"/> Interest		
<input type="checkbox"/> Labor/Employee Salaries*		
<input checked="" type="checkbox"/> Legal and Professional Fees (Including Commissions and Fees)		
<input type="checkbox"/> Legal Conservator Fees		
<input type="checkbox"/> Loan Origination Fee		
<input type="checkbox"/> Mandatory Fees		
<input type="checkbox"/> Non-mandatory Fees		
<input checked="" type="checkbox"/> Professional Services	\$ 300.00	09/23/2016
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<input checked="" type="checkbox"/> Federal Taxes	\$ 60.00	09/23/2016
<input type="checkbox"/> Self-Employment Adjustment		
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<input checked="" type="checkbox"/> State Tax	\$ 0.00	09/23/2016
<input type="checkbox"/> Taxes-other		
<input type="checkbox"/> Education/Licensing/Certification		
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<input checked="" type="checkbox"/> Legal and Professional Fees (Including Commissions and Fees)		
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<input type="checkbox"/> Pension Plans		
<input checked="" type="checkbox"/> Rent or Lease		
<input checked="" type="checkbox"/> Rent	\$ 600.00	09/23/2016
<input type="checkbox"/> Reimbursing Your Employees for Expenses		
<input checked="" type="checkbox"/> Taxes and License		
<input checked="" type="checkbox"/> Federal Taxes	\$ 60.00	09/23/2016
<input type="checkbox"/> Self-Employment Adjustment		
<input type="checkbox"/> Property Taxes & Assessments		
<input checked="" type="checkbox"/> State Tax	\$ 0.00	09/23/2016
<input type="checkbox"/> Taxes-other		
<input type="checkbox"/> Education/Licensing/Certification		
<input type="checkbox"/> Deductible Part of Self Employment Tax		
<input type="checkbox"/> Travel, Meals, and Entertainment		
<input type="checkbox"/> Other (ex. Advertising, supplies and materials, utilities)*		

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## Review Your Job Income

You have told us that someone has a change in a job or self-employment or you have added someone to the home. Here is how to report a change or add a job or job expense for any of the types of jobs listed below:

- If someone has a new job or job expense or a newly added person has an existing job or job expense, select that person and click the Add button.
- If a job or job expense has ended, click the End button to remove that job.
- If someone's job or job expense has changed, click the Edit button for that job. For example, you should click the Edit button to report a change in hours or pay, or if someone is on strike, or has returned to work from a strike.
- If you want to delete a change you made or job or job expense you added, click the X button to delete change or new job.

### Job Income

Who	Employer	Amount	Frequency	What Changed?	Action
Molly	Local Bank	\$1300.00	Monthly	This job has not changed	<a href="#">Edit</a> <a href="#">End</a>

Name: < click here to choose > [Add](#)

### Self Employment Income

Who	Monthly Amount	Self-Employment Name	What Changed?	Action
Frank	\$3600.00	Frank Business Inc.	Change Effective Date:09/01/2016	<a href="#">Edit</a> <a href="#">X</a>

Name: < click here to choose > [Add](#)

### In-Kind Income

Who	Type	Amount	Frequency	What Changed?	Action
-----	------	--------	-----------	---------------	--------

To add income for anyone who provides a service in exchange for goods, please choose their name and click the "Add" button.

Name: < click here to choose > [Add](#)

### Tax Deductions

Who	Type	Amount	Frequency	What Changed?	Action
-----	------	--------	-----------	---------------	--------

To add deductions for anyone in your home paying for legal conservator fees, alimony, penalty on early withdrawal of savings, or capital losses that can be deducted on an income tax return, please choose their name and click the Add button.

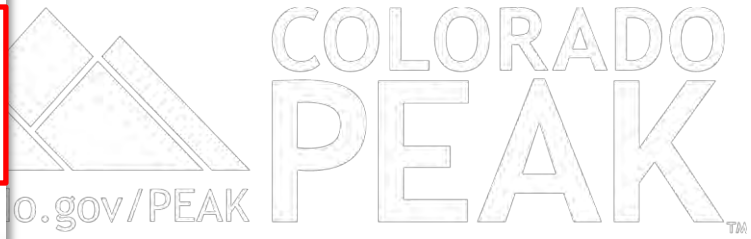
Name: < click here to choose > [Add](#)

[Back](#) [Next](#)

## Self Employment Income

Who	Monthly Amount	Self-Employment Name	What Changed?	Action
Frank	\$3600.00	Frank Business Inc.	Change Effective Date:09/01/2016	<a href="#">Edit</a> <a href="#">X</a>

Name: < click here to choose > [Add](#)



## Review Your Other Income Changes

You have told us that someone has a change in a type of income other than a job or self-employment or you have newly added someone to your household. Here is how to report a change in income or add income for a new household member:

- If someone has a new type of income, select that person's name from the drop-down menu, select the type of income, and click the Add button.
- If a type of income has ended, click the End button for that income.
- If someone's income has changed, click the Edit box for that type of income.
- If you want to delete a change you made or income you added, click the X button to delete the change or new income.

Once You have reviewed this summary, click the Next button at the bottom of the page.

### Other Income Changes

Who	Type	Amount	Frequency	What Changed?	Action
-----	------	--------	-----------	---------------	--------

To add other income such as Supplemental Security Income, Retirement Social Security, SSI, Social Security, Child Support, etc. for anyone in your home, choose the person and click the Add button.

Name:

### Grants, Scholarships, or Work-Study (for non-educational living expenses)

Who	Amount	Frequency	Action
-----	--------	-----------	--------

To add income for anyone who is getting grants, scholarships, or work-study that they use for non-educational living expenses, choose the person and then click the Add button.

Name:

### Other Grants, Loans, or Scholarships

Who	Action
-----	--------

To add income for anyone who is getting grants, loans, or scholarships for education or training, choose the person and then click the Add button.

Name:





# Household Annual Income and Expenses/Deductions

We have automatically estimated your annual income, expenses, and deductions for 2017 based on the information you have provided us. If you think this amount will be different for 2017, enter that amount in the Actual Annual Amount field for each record.

**Income Calculation**

**Self-Employment Income**

Who Has It	Company Name	Monthly	Annual	Actual Annual Amount for 2016	Actual Annual Amount for 2017	Change Date
Frank	Business Inc.	\$3600.00	\$43200.00	\$39000.00	\$44000.00	09/27/2016

**Expenses / Deductions Calculation**

**Self-Employment Expenses**

Who Has It	Company Name - Type	Monthly	Annual	Actual Annual Amount for 2016	Actual Annual Amount for 2017	Change Date
Frank	Business Inc. - Equipment	\$125.00	\$1500.00	\$1500.00	\$1500.00	09/27/2016
Frank	Business Inc. - Equipment & Property Rental	\$250.00	\$3000.00	\$3000.00	\$3250.00	09/27/2016
Frank	Business Inc. - Insurance Premiums	\$65.00	\$780.00	\$780.00	\$800.00	09/27/2016
Frank	Business Inc. - Professional Services	\$300.00	\$3600.00	\$3600.00	\$3600.00	09/27/2016
Frank	Business Inc. - Rent	\$600.00	\$7200.00	\$7200.00	\$7200.00	09/27/2016
Frank	Business Inc. - Federal Taxes	\$60.00	\$720.00	\$720.00	\$800.00	09/27/2016
Frank	Business Inc. - State Tax	\$0.00	\$0.00	\$1000.00	\$1000.00	09/27/2016

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## Income Calculation

### Self-Employment Income

Who Has It	Company Name	Monthly	Annual	Actual Annual Amount for 2016	Actual Annual Amount for 2017	Change Date
Frank	Business Inc.	\$3600.00	\$43200.00	\$39000.00	\$44000.00	09/27/2016

## Expenses / Deductions Calculation

### Self-Employment Expenses

Who Has It	Company Name - Type	Monthly	Annual	Actual Annual Amount for 2016	Actual Annual Amount for 2017	Change Date
Frank	Business Inc. - Equipment	\$125.00	\$1500.00	\$1500.00	\$1500.00	09/27/2016
Frank	Business Inc. - Equipment & Property Rental	\$250.00	\$3000.00	\$3000.00	\$3250.00	09/27/2016
Frank	Business Inc. - Insurance Premiums	\$65.00	\$780.00	\$780.00	\$800.00	09/27/2016
Frank	Business Inc. - Professional Services	\$300.00	\$3600.00	\$3600.00	\$3600.00	09/27/2016
Frank	Business Inc. - Rent	\$600.00	\$7200.00	\$7200.00	\$7200.00	09/27/2016
Frank	Business Inc. - Federal Taxes	\$60.00	\$720.00	\$720.00	\$800.00	09/27/2016
Frank	Business Inc. - State Tax	\$0.00	\$0.00	\$1000.00	\$1000.00	09/27/2016

- Review and update actual annual for 2016 and 2017 if applicable
- Only income information that has been updated will be displayed

# Life Change Events Summary

## Determined Life Change Events

Based on your reported changes, the system has determined the following Life Change Events:

Household Members	Description	Action
Frank	Income Change	<a href="#">Edit</a>

## Additional Life Change Events

If you would like to report other Life Change Events in addition to those identified above, select each corresponding checkbox and click "Next"

### Individual Events

- Birth
- Adoption, or Placement for Adoption
- Moved to Colorado
- Child Support Order / Other Court Order
- Change in permanent residence
- Death of spouse
- Death of dependent child
- Gain of other dependent
- Divorce/Annulment/Legal Separation
- Marriage, Legally-Binding Civil Union or Domestic Partnership
- Change in Tax Household
- Change in incarceration status (released from incarceration)
- Change in incarceration status (placement into incarceration)
- Loss of Tribal Status
- Gain of Tribal Status
- Gain in Citizenship or Lawful Presence (when you were not already eligible during this coverage year's open enrollment period)

### Health Coverage Events

#### Loss of...

- Employer sponsored coverage (including COBRA, retiree health plan, VA health plan, Railroad Retirement)
- Other minimum essential coverage such as Medicare, Tricare, Peace Corps, other state or federal health programs
- Eligibility for the exemption to purchase health care coverage
- Employer Sponsored Coverage No Longer Affordable or No Longer Meets Minimum Value

#### Gain of...

- Employer sponsored coverage (including COBRA, retiree health plan, VA health plan, Railroad Retirement)
- Medicare Coverage
- Tricare Coverage
- Retiree Coverage
- Peace Corps
- Other
- Eligibility for the exemption to purchase health care coverage

### Income Events

- Income Change
- COBRA
- Veteran's Health Plan
- Railroad Retirement
- Employer Coverage

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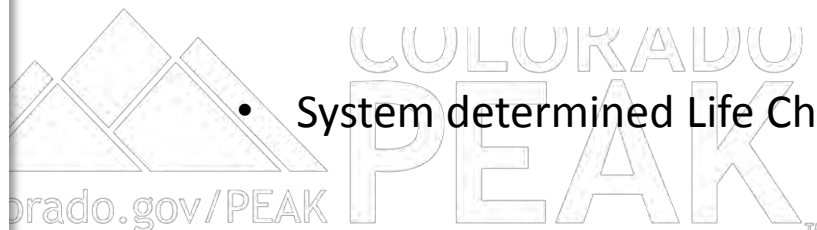
# Life Change Events Summary

## Determined Life Change Events

Based on your reported changes, the system has determined the following Life Change Events:

Household Members	Description	Action
Frank	Income Change	<a href="#">Edit</a>

- System determined Life Change Events



# Life Change Events Summary

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- Income Change
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# Submit Your Changes

## Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes  No

You may also register to vote by filling out and mailing a paper voter registration form.

[Voter Registration Form](#) (English)

[Voter Registration Form](#) (Spanish)

If you are in a Human Services Office, Social Services Office, Resource Center, Community Service Office and need help completing the voter registration, please ask for help. The staff at these offices can help you.

If you are not in one of the above offices and need help, please contact your local County Clerk's office.

If you are ready to send your changes to your application office, click the Submit button at the bottom of the page. Once you do this, your changes will be sent to your application office electronically. Keep in mind:

Your application office worker may ask you to provide proof of some of the changes You have told us about. If your application office worker asks for proof, you'll need to mail, fax or bring it in within 10 days of when your application office worker asks for it. If you report a change but do not give the proof your application office worker asks for, your benefits may end.

- In some cases, the change you've told us about may not result in any change in benefits.
- If you are reporting a change through PEAK, you do not need to call your application site to report the change.

## What I Should Know

PLEASE KEEP THIS FOR YOUR INFORMATION.

**By completing and signing the State of Colorado Application for Public Assistance and other documents required to determine whether I'm eligible for public assistance benefits AND by accepting benefits that I am eligible to receive, I understand the following information and agree to the following requirements:**

- I must tell the truth; it is a crime to lie on this application.
- I may have to give papers that show what I've told you is true.
- I must tell you of any changes in money I get.
- I must tell you of any changes to the information I gave you on my application.
- If I think you made a mistake, I can ask for an appeal or fair hearing.

The discrimination policy of Connect for Health Colorado is as follows: Following federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity or disability. I can file a complaint of discrimination by visiting

## Electronic Signature

If you have a legal guardian, he or she should sign below. If you have a power of attorney or an authorized representative, either you or that person may sign this application. If anyone else is helping you fill out the application, you should sign the application yourself.

I have agreed to submit this Change Report for myself and/or my family. By signing this Change Report electronically, I certify that I have reviewed this Change Report; that I understand and agree to the Rights, Responsibilities and Penalties; and that under penalty of perjury, I certify the information I have given is true including the information concerning citizenship and alien status. I have received information on how to apply, what information is available, and what I may need to give the application site to help me with getting benefits.

- I understand the questions and statements on this Change Report.
- I have read and understand my Rights & Responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the application site may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.
- I understand I can be punished by law if I do not tell the complete truth.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

\*By checking this box and typing my name below, I am electronically signing my application.

\*First Name  Middle Initial  \*Last Name

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Submit

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[Voter Registration Form \(Spanish\)](#)

If you are in a Human Services Office, Social Services Office, Resource Center, Community Service Office and need help completing the voter registration, please ask for help. The staff at these offices can help you.

If you are not in one of the above offices and need help, please contact your local County Clerk's office.

If you are ready to send your changes to your application office, click the Submit button at the bottom of the page. Once you do this, your changes will be sent to your application office electronically. Keep in mind:

Your application office worker may ask you to provide proof of some of the changes You have told us about. If your application office worker asks for proof, you'll need to mail, fax or bring it in within 10 days of when your application office worker asks for it. If you report a change but do not give the proof your application office worker asks for, your benefits may end.

- In some cases, the change you've told us about may not result in any change in benefits.
- If you are reporting a change through PEAK, you do not need to call your application site to report the change.

## What I Should Know

PLEASE KEEP THIS FOR YOUR INFORMATION.

**By completing and signing the State of Colorado Application for Public Assistance and other documents required to determine whether I'm eligible for public assistance benefits AND by accepting benefits that I am eligible to receive, I understand the following information and agree to the following requirements:**

- I must tell the truth; it is a crime to lie on this application.
- I may have to give papers that show what I've told you is true.
- I must tell you of any changes in money I get.
- I must tell you of any changes to the information I gave you on my application.
- If I think you made a mistake, I can ask for an appeal or fair hearing.

The discrimination policy of Connect for Health Colorado is as follows: Following federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity or disability. I can file a complaint of discrimination by visiting

## Electronic Signature

If you have a legal guardian, he or she should sign below. If you have a power of attorney or an authorized representative, either you or that person may sign this application. If anyone else is helping you fill out the application, you should sign the application yourself.

I have agreed to submit this Change Report for myself and/or my family. By signing this Change Report electronically, I certify that I have reviewed this Change Report; that I understand and agree to the Rights, Responsibilities and Penalties; and that under penalty of perjury, I certify the information I have given is true including the information concerning citizenship and alien status. I have received information on how to apply, what information is available, and what I may need to give the application site to help me with getting benefits.

- I understand the questions and statements on this Change Report.
- I have read and understand my Rights & Responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the application site may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.
- I understand I can be punished by law if I do not tell the complete truth.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

\*By checking this box and typing my name below, I am electronically signing my application.

\*First Name Middle Initial \*Last Name  
Frank Park

Back

Submit

## What I Should Know

PLEASE KEEP THIS FOR YOUR INFORMATION.

**By completing and signing the State of Colorado Application for Public Assistance and other documents required to determine whether I'm eligible for public assistance benefits AND by accepting benefits that I am eligible to receive, I understand the following information and agree to the following requirements:**

- I must tell the truth; it is a crime to lie on this application.
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\*By checking this box and typing my name below, I am electronically signing my application.

\*First Name Middle Initial \*Last Name  
Frank Park

Back

Submit

PEAK Colorado Frank Park 1B [redacted] Español Help Exit

### Change Report Information

Your tracking number for your Change Report is 20 [redacted].

Be sure to write this number down or print this page for your records.  
Your Change Report has been sent to county.

#### Print Your Change Report

If you would like to print a copy of your Change Report, please click the Print My Change Report button. If you decide to print, please keep in mind that your Change Report has your private, personal information in it.

- [Print My Change Report](#)
- [Print My Types of Proof Needed](#)
- [Print My Rights & Responsibilities](#)

You will need to have a program called Adobe Acrobat Reader to see and print this information.  
If you do not have this program on your computer, you may install it for free by clicking the button below.



Next

1. Change Report Review  
2. Results



# Change Report Information

Your tracking number for your Change Report is 20 [redacted].

Be sure to write this number down or print this page for your records.  
Your Change Report has been sent to county.

## Print Your Change Report

If you would like to print a copy of your Change Report, please click the Print My Change Report button. If you decide to print, please keep in mind that your Change Report has your private, personal information in it.

- [Print My Change Report](#)
- [Print My Types of Proof Needed](#)
- [Print My Rights & Responsibilities](#)



You will need to have a program called Adobe Acrobat Reader to see and print this information.  
If you do not have this program on your computer, you may install it for free by clicking the button below:

# Results

Case Number : 1B [REDACTED]  
Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+ Marketplace Programs

	Month	Program	Status
Frank State ID: Q [REDACTED]	11/2016		Denied
	10/2016		Denied
	09/2016		Denied
Molly State ID: Q [REDACTED]	11/2016		Denied
	10/2016		Denied
	09/2016		Denied

You will get more information about your application in the mail. You will not be able to shop for a private health plan through Connect for Health Colorado outside of Open Enrollment unless you have a Qualified Life Change Event even if the results show you qualify for Tax Credits. If you also applied for Food Assistance, Colorado Works, or Adult Financial, your application was sent to county.

You may be asked to talk with an application worker by phone or in person in order to get benefits.

If you were approved for APTC, this means you have been denied for Health First Colorado (Colorado Medicaid).

You may be asked to talk with an application worker by phone or in person in order to get benefits.



# Results

Case Number : 1B [REDACTED]  
Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+ Marketplace Programs

	Month	Program	Status
Frank State ID: Q [REDACTED]	11/2016		Denied
	10/2016		Denied
	09/2016		Denied
Molly State ID: Q [REDACTED]	11/2016		Denied
	10/2016		Denied
	09/2016		Denied

# Results

Case Number : 1B [REDACTED]  
Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+ Marketplace Programs

Month	Program	Status
11/2016		Denied
Frank State ID: G [REDACTED]		Denied
10/2016		Denied
09/2016		Denied
11/2016		Denied
Molly State ID: G [REDACTED]		Denied
10/2016		Denied
09/2016		Denied

You will get more information about your application in the mail. You will not be able to shop for a private health plan through Connect for Health Colorado outside of Open Enrollment unless you have a Qualified Life Change Event even if the results show you qualify for Tax Credits. If you also applied for Food Assistance, Colorado Works, or Adult Financial, your application was sent to county.

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You may be asked to talk with an application worker by phone or in person in order to get benefits.

# Results

Case Number : 1B [REDACTED]  
Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+ Marketplace Programs

## Frank's Income calculation

Month 09/2016 ▾

	Amount
Gross Earned Income	\$4,550.00
Earned Income Disregard	-\$0.00
<b>Net Earned Income</b>	<b>\$3,150.00</b>
Gross Unearned Income	\$0.00
Unearned Income Disregard	-\$0.00
<b>Net Unearned Income</b>	<b>\$0.00</b>
5% Standard Disregard	-\$66.75
Total Expenses	-\$1,400.00
Total Deductions	-\$0.00
<b>Total Net Income</b>	<b>\$3,083.00</b>

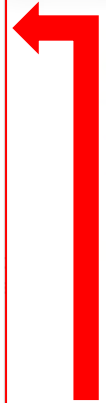
Total Net Income	Net Income Standard
\$3,083.00	\$1,776.00

**Denial Reason:** countable income above the allowable limit.

**Note:** IRS deduction limits may have been applied to the amounts you entered

### Status

- Denied
- Denied
- Denied
- Denied
- Denied
- Denied





# Results

Case Number : 1B [REDACTED]  
Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+ Marketplace Programs

2016

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible
Molly	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible

2017

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible
Molly	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible

You may be asked to talk with an application worker by phone or in person in order to get benefits.  
If you were approved for APTC, this means you have been denied for Health First Colorado (Colorado Medicaid).

You may be asked to talk with an application worker by phone or in person in order to get benefits.

## Shop for a Health Insurance Plan

You are eligible for Advanced Premium Tax Credit. If you qualify for tax credits, a Colorado Young Adult plan, or a qualified health plan, to finish reporting your change and to check your updated enrollment information and options, you must come back to the Connect for Health Colorado Marketplace by selecting the 'Shop' button below. If you newly qualify for one of these benefits or plans, you may qualify to shop for a health insurance plan. Connect for Health Colorado is Colorado's marketplace for private health insurance and access to tax credits and cost sharing options.



Shop

You might be asked for proof of some of the things you told us in your application. Here's a list of the types of proof that you may need to provide. Click the Types Of Proof button to see and print this list. If someone in your household qualifies for Tax Credits or Cost Sharing Reductions, they may shop for a commercial health plan through Connect for Health Colorado before providing the needed proof.

Types of Proof

Back

Exit

# Results

Case Number : 1B [REDACTED]  
Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+

Marketplace Programs

2016

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible
Molly	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible





# Results

Case Number: [REDACTED]  
Authorization Number: [REDACTED]

Health Plan Colorado Colorado Medicaid, CHIP Marketplace Programs

2016

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible
Molly	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible

2017

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2017-01-01	Eligible \$20.21 per household per month	N/A	Eligible	Eligible
Molly	2017-01-01	Eligible \$20.21 per household per month	N/A	Eligible	Eligible

You may be asked to talk with an application worker by phone or in person in order to get benefits.  
If you were approved for APFC, this means you have been deemed for Health Plan Colorado (Colorado Medicaid).

You may be asked to talk with an application worker by phone or in person in order to get benefits.

### Shop for a Health Insurance Plan

You are eligible for Advanced Premium Tax Credit if you qualify for tax credits, a Colorado Young Adult plan, or a qualified health plan. To finish reporting your change and to check your updated enrollment information and options, you must come back to the Connect for Health Colorado Marketplace by selecting the "Shop" button below. If you newly qualify for one of these benefits or plans, you may qualify to shop for a health insurance plan. Connect for Health Colorado is Colorado's marketplace for private health insurance and access to tax credits and cost sharing options.



Shop

You might be asked for proof of some of the things you told us in your application. Here's a list of the types of proof that you may need to provide. Click the "Types of Proof" button to see and print this list. If someone in your household qualifies for Tax Credits or Cost Sharing Reductions, they may shop for a commercial health plan through Connect for Health Colorado before providing the needed proof.

Types of Proof

Back Cancel

2016

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible
Molly	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible



## Frank's Income calculation

	Amount
Net Earned Income	\$38,700.00
Net Unearned Income	\$0.00
Total Expenses	-\$17,800.00
Total Deductions	-\$0.00
<b>Total Net Income</b>	<b>\$38,700.00</b>

Total Net Income	Net Income Standard
\$38,700.00	\$64,080.00

**Note:** IRS deduction limits may have been applied to the amounts you entered

# Results

Case Number : 1B [REDACTED]  
Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+ Marketplace Programs

2016

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible
Molly	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible

2017

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible
Molly	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible

You may be asked to talk with an application worker by phone or in person in order to get benefits.  
If you were approved for APTC, this means you have been denied for Health First Colorado (Colorado Medicaid).

You may be asked to talk with an application worker by phone or in person in order to get benefits.

## Shop for a Health Insurance Plan

You are eligible for Advanced Premium Tax Credit. If you qualify for tax credits, a Colorado Young Adult plan, or a qualified health plan, to finish reporting your change and to check your updated enrollment information and options, you must come back to the Connect for Health Colorado Marketplace by selecting the 'Shop' button below. If you newly qualify for one of these benefits or plans, you may qualify to shop for a health insurance plan. Connect for Health Colorado is Colorado's marketplace for private health insurance and access to tax credits and cost sharing options.



Shop

You might be asked for proof of some of the things you told us in your application. Here's a list of the types of proof that you may need to provide. Click the Types Of Proof button to see and print this list. If someone in your household qualifies for Tax Credits or Cost Sharing Reductions, they may shop for a commercial health plan through Connect for Health Colorado before providing the needed proof.

Types of Proof

Back Exit

2017

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible
Molly	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible

You may be asked to talk with an application worker by phone or in person in order to get benefits.  
If you were approved for APTC, this means you have been denied for Health First Colorado (Colorado Medicaid).

You may be asked to talk with an application worker by phone or in person in order to get benefits.



# Results

Case Number: [REDACTED]  
Authorization Number: [REDACTED]

Health Plan Colorado (Colorado Medicaid) - DTP Marketplace Programs

## 2018

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2018-01-01	Eligible \$0.00 per household per month	75% Silver Level Plan	Eligible	Eligible
Molly	2018-01-01	Eligible \$0.00 per household per month	75% Silver Level Plan	Eligible	Eligible

## 2017

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible
Molly	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible

You may be asked to talk with an application worker by phone or in person in order to get benefits.  
If you were approved for APTC, this means you have been deemed for Health First Colorado (Colorado Medicaid).

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### Shop for a Health Insurance Plan

You are eligible for Advanced Premium Tax Credits. If you qualify for tax credits, a Colorado Young Adult plan, or a qualified health plan, to finish reporting your change and to check your updated enrollment information and options, you must come back to the Connect for Health Colorado Marketplace by selecting the "Shop" button below. If you merely qualify for one of these benefits or plans, you may qualify to shop for a health insurance plan. Connect for Health Colorado is Colorado's marketplace for private health insurance and access to tax credits and cost sharing options.



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Types of Proof

Back Exit

## 2017

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible
Molly	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible

## Frank's Income calculation

	Amount
Net Earned Income	\$41,450.00
Net Unearned Income	\$0.00
Total Expenses	-\$18,150.00
Total Deductions	-\$0.00
<b>Total Net Income</b>	<b>\$41,450.00</b>

Total Net Income	Net Income Standard
\$41,450.00	\$64,080.00

**Note:** IRS deduction limits may have been applied to the amounts you entered

# Results

Case Number : 1B [REDACTED]  
Authorization Number : 43 [REDACTED]

Health First Colorado (Colorado Medicaid) / CHP+ Marketplace Programs

2016

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible
Molly	2016-11-01	Eligible \$0.00 per household per month	73% AV Silver Level Plan	Eligible	Eligible

2017

Tax Household #1	Begin Date	Advanced Premium Tax Credits	Cost Sharing Reduction Level	Qualified Health Plan	Colorado Young Adult
Frank	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible
Molly	2017-01-01	Eligible \$252.21 per household per month	N/A	Eligible	Eligible

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Types of Proof

Back Exit

## Shop for a Health Insurance Plan

You are eligible for Advanced Premium Tax Credit. If you qualify for tax credits, a Colorado Young Adult plan, or a qualified health plan, to finish reporting your change and to check your updated enrollment information and options, you must come back to the Connect for Health Colorado Marketplace by selecting the 'Shop' button below. If you newly qualify for one of these benefits or plans, you may qualify to shop for a health insurance plan. Connect for Health Colorado is Colorado's marketplace for private health insurance and access to tax credits and cost sharing options.



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Types of Proof



# RESOURCES





Colorado PEAK is an online application and benefit management tool for Coloradans who need health coverage, help buying groceries, financial assistance, job readiness education/tools, help with childcare, and more.

The PEAK Outreach Initiative is charged with improving access to public assistance programs so every eligible individual, child, and family is enrolled in the benefits that help them thrive. We provide outreach and training resources to organizations that play a role in helping Coloradans access benefits online through Colorado PEAK.



[PEAK Training Resources](#)



[PEAK Outreach Materials](#)

## Upcoming PEAK Training & Events

### Monthly PEAK Training Tips - Web Conference

Please register to join us for the new Monthly PEAK Training Tips!

In each session, we will cover a different PEAK topic, and participants will have the opportunity to engage in Q & A and share best practices.

Topic: *TBD*

Wednesday, October 5, 2016 | 9:00 am | [Click here to Register](#)

Additionally, we want to hear from you! Please [click here](#) to submit a topic for an upcoming PEAK Training Tips session

### BBH Registration Now Open

Registration is now open for the Colorado Health Foundation's Building Better Health (BBH) conference, which takes place on **October 13-14, 2016**.

Register for the conference [here](#).

New this year, the Colorado Health Foundation is offering three pre-event webinars about popular topics to be discussed at this year's BBH conference:

**ACA 101: Everything you wanted to know but were afraid to ask!**

[\(webinar recording\)](#)

**Where Eligibility Starts: Modified Adjusted Gross Income (MAGI)**

[September 26, 2016, from 2:30 to 3:30 p.m.](#)

**Communications 101: Building Communications into Your Outreach**

[October 3, 2016, from 2:30 to 3:30 p.m.](#)

### PEAK Enhancements: October 2016

Monday, October 17, 2016 | 9:00 am | [Click here to Register](#)

### PEAK Support Call for Community Partners

Thursday, October 20, 2016 | 3:00 pm | Phone: 877.820.7831 | Access Code: 349141#

# Training Resources

## User Guides

- Account Password—Change Existing
- Account Password—When Forgotten
- Application and Identification Numbers
- Application Status
- Asset Categories and Types
- Creating/Linking a PEAK Account
- Document Uploads
- End Case Access
- Forgot Username
- Income Details: Expedited Income
- Income Details: Income Overview
- Income Details: Job Income
- Income Details: Other Income
- Income Details: Past Income and Expense
- Income Details: Self-Employment Income
- Income Details: Other Income Categories and Types
- Income Details: Self-Employment Expense Categories and Types
- Legal Permanent Resident Information
- Long Term-Services and Supports
- Medical Card—Print and Request
- PEAK Mobile
- Report My Changes—Add New Benefits

## Webinars

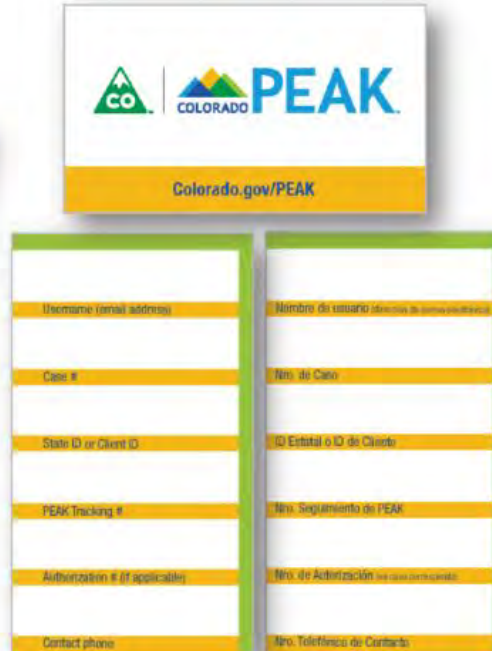
- Introduction to PEAK
- Application Walk-Through: Expedited Income Path (Medical Assistance)
- Application Walk-Through: Medical Assistance
- Application Walk-Through: Food and Medical Assistance
- Manage My Account Overview

# Outreach Materials

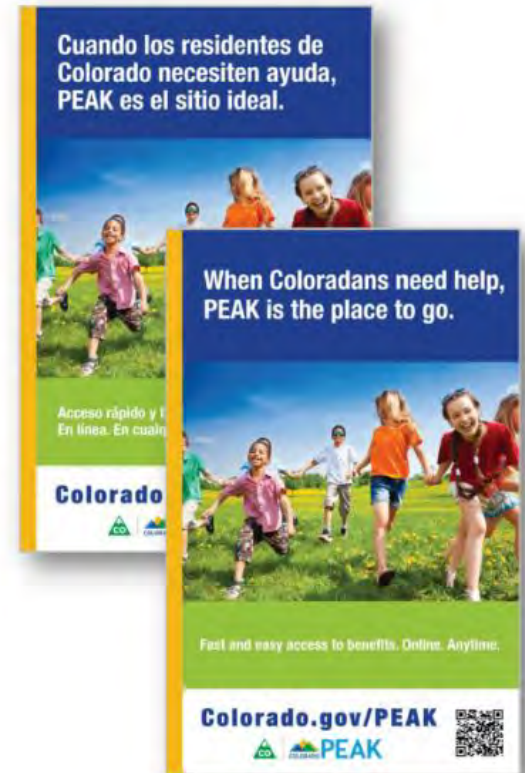
Brochures



Client Business cards



Posters



[www.peakoutreach.com/order-materials](http://www.peakoutreach.com/order-materials)



# Upcoming Training

## PEAK October 2016 Enhancements

- **Monday, October 17, 2016**
  - **9:00-10:30 am**
- **Visit: [www.peakoutreach.com](http://www.peakoutreach.com)**  
**for registration info**

# Mark Your Calendars

## Support Call for Community Partners

- **Thursday, October 20, 2016**
  - **3:00-3:45 pm**
  - **1.877.820.7831**
  - **Passcode: 349141#**



# Contact Us

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[www.peakoutreach.com](http://www.peakoutreach.com)



[peakoutreach@bouldercounty.org](mailto:peakoutreach@bouldercounty.org)