

## Additional people in your household

Answer the questions for the next person in your household.

73. First name, Middle name, Last name, & Suffix \_\_\_\_\_

74. Relationship to you? \_\_\_\_\_

74a. Is this person a full-time or part-time member of your household?      Full-time      Part-time

If part time, what percentage of the time does this person reside with you? \_\_\_\_\_% (1 - 100)

75. Social Security number \_\_\_\_\_

76. Date of Birth (mm/dd/yyyy) \_\_\_\_\_

76a. Marital Status \_\_\_\_\_

77. Sex

Male

Female

78. Do you plan to file a federal income tax return NEXT YEAR? You can apply for health insurance even if you don't file a tax return.

Yes.

No. Skip to question C

a. Will you file jointly with a spouse?

Yes

No

Name of spouse: \_\_\_\_\_

b. Will you claim any dependents on your tax return?

Yes

No

List name(s) of dependents: \_\_\_\_\_

c. Will you be claimed as a dependent on someone's tax return?

Yes

No

List the name of the tax filer: \_\_\_\_\_ Relation to tax filer? \_\_\_\_\_

79. Are you pregnant?      Yes      No      How many babies expected this pregnancy? \_\_\_\_\_      Due date: \_\_\_\_\_

80. Do you need public assistance services for yourself? Even if you have insurance there might be a program with better coverage or lower cost.

Yes.

No. Skip questions 81-90.

81. Do you have a physical, mental, or emotional health condition that causes limitations (like bathing, dressing, chores) or live in a medical facility or nursing home?

Yes  No

82. Are you a U.S. citizen or U.S. national?

Yes  No

83. If you aren't a U.S. citizen or national, do you have eligible immigration status?

Yes  No

Fill in your document type and ID number below.

a. Immigration document type: \_\_\_\_\_ Document ID number: \_\_\_\_\_

b. Have you lived in the U.S. since August 22, 1996?

Yes  No

c. Are you, your spouse, or parent a veteran or active-duty member of the U.S. military?

Yes  No

84. Do you want help paying for medical bills from the last 3 months?

Yes  No

85. Do you have medical costs due to an accident?

Yes  No

86. Do you live with a child under age 19, for whom you are the primary caretaker?

Yes  No

87. Are you a full-time student?

Yes  No

88. Were you in foster care at age 18 or older?

Yes  No

89. If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.)

Mexican     Mexican American     Chicano/a     Puerto Rican     Cuban     Other \_\_\_\_\_

90. Race (OPTIONAL—check all that apply.)

White                       American Indian     Filipino                       Vietnamese                       Guamanian or Chamorro  
 Black or African American     Asian Indian                       Japanese                       Other Asian                       Samoan  
 Alaska Native                       Chinese                       Korean                       Native Hawaiian                       Other Pacific Islander  
 Other \_\_\_\_\_