



# Add-a-Person Form

## Use this form to add a person to an existing case

Complete this form to add someone new to your existing case, such as someone who recently moved into your household or a baby recently born. If you are due for re-evaluation, the new person will not be added unless you complete your re-evaluation.

If the person you are adding is a child that needs Child Care, also complete the **Child Care Provider Form**.

## Contact the Department

**Mail:** P.O. Box 83720, Boise, ID 83720-0026  
**Phone:** 1-877-456-1233  
**Fax:** 1-866-434-8278  
**Local office:** healthandwelfare.idaho.gov

## Your Information

First Name		Middle Name	Last Name		Date of Birth
Social Security Number	Case Number (if known)	Daytime Phone	Phone type (choose one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message		
Family Address	City	State	Zip Code	County	
Requested Program(s) <input type="checkbox"/> Food Stamps <input type="checkbox"/> Health Coverage Assistance <input type="checkbox"/> Cash <input type="checkbox"/> Child Care					

## For the new person, tell us:

First Name		Middle Name	Last Name		Suffix	Former Names, if any
Social Security Number	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date person joined the household Month Day Year			
Is this person immunized? <input type="checkbox"/> No <input type="checkbox"/> Yes	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married					
Is this person applying for or already receiving Foster Care or Adoption Assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes	Was this person in Idaho foster care when they turned 18? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Has the new person received Food Stamps in any other household this month? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Race/Ethnic Origin	U.S. citizen or national? <input type="checkbox"/> No <input type="checkbox"/> Yes	If not a U.S. citizen or national, does this person have eligible immigration status? <input type="checkbox"/> No <input type="checkbox"/> Yes. Complete questions a and b.				

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

Is this person a student?  No  Yes. If yes, complete the following:

School Name	Hours Per Week	Estimated Graduation Date	School Type <input type="checkbox"/> High School <input type="checkbox"/> Higher Education. Complete questions a-d.		
a. Enrollment Type: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		b. Student Status: <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Less than half time		c. Were you awarded Work Study? <input type="checkbox"/> No <input type="checkbox"/> Yes	d. Are all classes online? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is this person disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes	Does this person have a pending application for Social Security Disability? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Does this person receive Social Security benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes	Does this person work and believe that they would meet disability status as determined by the Social Security Administration? <input type="checkbox"/> No <input type="checkbox"/> Yes				

## If you are requesting Child Care for the new person, tell us:

Is anyone in your household participating in a work/training program provided by a homeless shelter?  No  Yes. If yes, have the agency provide the **Child Care Activity Form**.

## Household Tax Information

Using the codes below, indicate the tax-filing status of each individual in the household.

**PTF** - Primary Tax Filer    **DIH** - Claimed as a Dependent by someone in the home    **WF** - Won't file taxes  
**MFJ** - Married, filing jointly    **DOH** - Claimed as a Dependent by someone outside the home

Name	Date of Birth	Gender	Social Security Number	Relationship to you	Filing Status	For Dependents, who will be the Primary Tax Filer?

## Tell us about your household income

Check this box if there is no income coming into your household.

Tell us about all income your household receives. We want to know about the last 30 days, as well as any money received quarterly or annually. Income is money earned (wages or salary) from a job or self-employment (including owning your own business, doing odd jobs, baby-sitting, collecting cans, donating plasma, etc.), or unearned income from sources such as Social Security, child support, unemployment benefits, gifts, rental income, retirement income, tribal gaming payments, BIA General Assistance, mineral and oil rights, Tribal TANF, Federal per capita (from judgement funds), Alaska Native Corporation cash distributions, or leases of Tribal or individually owned land, etc.

Name of person with income	Type of money received	Employer/source	How often paid (Weekly, Every 2 Weeks, Twice a Year, Monthly, Yearly)	\$ per hour	Hours per week	Total monthly amount

**Alimony** - Tell us about any alimony this person receives. Include the source, the date the alimony was ordered by a judge, and how often it is paid.

Alimony source	Date ordered (MM/YYYY)	How often paid (Weekly, Every 2 Weeks, Twice a Month, Monthly, Yearly)	Alimony Amount

## Tell us your Anticipated Annual Income (AAI)

Enter your AAI on the line below. Your AAI is the total gross, taxable income you expect your household to receive for the current year (January-December). Do include income like wages, salary, retirement, Social Security Disability, self-employment, tribal gaming, and rental income. Do NOT include Social Security survivors or Supplemental Security Income (Title XVI), other tribal payments, or any other income that is not taxable.

\$ \_\_\_\_\_

## Tell us about vehicles, resources, and property owned by anyone in the home

**Motor Vehicles** - Tell us about all vehicles, including cars, trucks, motorcycles, trailers, boats, snowmobiles, and other recreational vehicles that your household owns.

Owner	Year, make, and model	Current value	Primary use for this vehicle (choose one)
			<input type="checkbox"/> Business <input type="checkbox"/> Get to work <input type="checkbox"/> Recreational <input type="checkbox"/> Income-producing <input type="checkbox"/> Medical <input type="checkbox"/> Work search <input type="checkbox"/> Residence <input type="checkbox"/> Personal (other)
			<input type="checkbox"/> Business <input type="checkbox"/> Get to work <input type="checkbox"/> Recreational <input type="checkbox"/> Income-producing <input type="checkbox"/> Medical <input type="checkbox"/> Work search <input type="checkbox"/> Residence <input type="checkbox"/> Personal (other)
			<input type="checkbox"/> Business <input type="checkbox"/> Get to work <input type="checkbox"/> Recreational <input type="checkbox"/> Income-producing <input type="checkbox"/> Medical <input type="checkbox"/> Work search <input type="checkbox"/> Residence <input type="checkbox"/> Personal (other)

**Resources** - Tell us about all resources your household owns, including cash on-hand, checking and savings accounts, stocks, bonds, mutual funds, 401Ks, IRAs, trusts, CDs, life insurance policies, burial funds, etc.

Name/owner	Resource type	Name of financial institution	Account number	Current value

**Property** - Tell us about all other property (including your home) owned by anyone living in your home.

Name/owner of property	Property type	Property Address	Value	Primary use for this property (choose one)
				<input type="checkbox"/> Home <input type="checkbox"/> Rental income <input type="checkbox"/> Business/Self-employment <input type="checkbox"/> Other: _____
				<input type="checkbox"/> Home <input type="checkbox"/> Rental income <input type="checkbox"/> Business/Self-employment <input type="checkbox"/> Other: _____
				<input type="checkbox"/> Home <input type="checkbox"/> Rental income <input type="checkbox"/> Business/Self-employment <input type="checkbox"/> Other: _____

## Tell us about expenses for everyone in the home, including the new person

Include information for the following expense types, if applicable: rent, mortgage, insurance, property taxes, child support, child care, and medical costs.

Name of person with expense	Expense type	Amount	How often paid?
		\$ _____	
		\$ _____	
		\$ _____	

## Life Event Information

Using the checkboxes below, tell us if any major life events have occurred for any tax household member in the past 60 days. Indicate the date the event occurred for each box checked.

<input type="checkbox"/> Any member of your household recently lost or expects to lose health insurance coverage within the next 60 days <b>Date occurred/will occur:</b>	<input type="checkbox"/> Any existing tax filer in your household recently gained a new tax dependent <b>Date occurred:</b>
<input type="checkbox"/> Any member of your household recently became a citizen or lawful immigrant in the U.S. <b>Date occurred:</b>	<input type="checkbox"/> Your household recently moved to Idaho <b>Date occurred:</b>
<input type="checkbox"/> Any person moved into or left your household Indicate why: <input type="checkbox"/> Had a baby <input type="checkbox"/> Got married <input type="checkbox"/> Got a divorce <input type="checkbox"/> Adopted or is fostering a child <input type="checkbox"/> Other <b>Date occurred:</b>	<input type="checkbox"/> Your household recently moved within Idaho <b>Date occurred:</b>
	<input type="checkbox"/> Your household income recently changed Indicate how: <input type="checkbox"/> Decreased <input type="checkbox"/> Increased <b>Date occurred:</b>

## Health Coverage Information

Does anyone who is applying for health coverage want help paying for medical costs from the **last 3 months**?

**No.**  **Yes.** Complete questions a and b.

a. If yes, tell us who?

b. If yes, tell us for which of the last 3 months you need assistance, and the gross household income (before taxes) received by your family in each of those months.

Month	Amount (\$)	Month	Amount (\$)	Month	Amount (\$)
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If this person is pregnant, provide the due date. How many due?

Is anyone applying for health coverage assistance currently receiving coverage from any of the following?

No  Yes. If yes, check the type of coverage below and write the name of the person(s) next to the coverage type.

<input type="checkbox"/> CHIP	Who? _____	<input type="checkbox"/> Employer Insurance	Who? _____
<input type="checkbox"/> Medicare	Who? _____	<input type="checkbox"/> Peace Corps	Who? _____
<input type="checkbox"/> TRICARE	Who? _____	<input type="checkbox"/> Other	Who? _____
<input type="checkbox"/> VA Health Care	Who? _____	<b>If other</b> , list the insurance carrier _____	

**If other**, was this coverage purchased from the insurance marketplace?  No  Yes

## If the new person is a child under 18 with a parent not currently living in the home, complete the following:

Complete the following for each child who has a parent (or parents) NOT living with them. Any information will be provided to Child Support Services in order to pursue a child support case if eligible. You must cooperate with Child Support Services unless you fear harm to yourself or your children as a result of the opening of the child support case.

**Other Parent**  Check this box if you fear harm to yourself or your children as a result of opening a child support case.

1. Child Name	2. Other Parent First Name	Middle Name	Last Name	Suffix
3. Social Security Number	4. Date of Birth	5. Approximate Age	6. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
7. Physical Address	City	State	Zip Code	County
8. Mailing Address (if different)	City	State	Zip code	County
9. Email Address	10. Phone Number	11. Last Known Employer	Last Known Employer City	

## Signature (must be completed)

Under penalty of perjury, I swear or affirm the information I have reported is true and complete. I understand that reported changes affect the benefit amount.

Signature of applicant/authorized representative/Agent/Broker	Phone
Printed name of applicant/authorized representative/Agent/Broker	Date