



# 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 disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes	
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-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"/> Part 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	

## 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, or unearned from sources such as Social Security, child support, unemployment benefits, gifts, rental income, retirement income, tribal gaming, etc.

Name of person with income	Type of money received	Employer/source	How often paid (Weekly, Monthly, Bi-Monthly, Semi-Monthly)	\$ per hour	Hours per week	Total monthly 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"/> Work search <input type="checkbox"/> Medical <input type="checkbox"/> Recreational <input type="checkbox"/> Residence <input type="checkbox"/> Income-producing <input type="checkbox"/> Personal (other)
			<input type="checkbox"/> Business <input type="checkbox"/> Get to work <input type="checkbox"/> Work search <input type="checkbox"/> Medical <input type="checkbox"/> Recreational <input type="checkbox"/> Residence <input type="checkbox"/> Income-producing <input type="checkbox"/> Personal (other)
			<input type="checkbox"/> Business <input type="checkbox"/> Get to work <input type="checkbox"/> Work search <input type="checkbox"/> Medical <input type="checkbox"/> Recreational <input type="checkbox"/> Residence <input type="checkbox"/> Income-producing <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 (\$)
Does this person have other health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Number	Insurance Company Name	If this person is pregnant, provide the due date.	How many due?	

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

### Non-custodial Parent Information

First Name	Middle Name	Last Name	Date of Birth	Social Security Number

## 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