

justice lives here.

MEDICAID HOW TO APPLY & NEXT STEPS AFTER APPLYING

Natalie Douglas Shanelle Tate





AGENDA



- Application
- Step-by-step Questions
- Paper Application
 - When to use it
 - Things you should know
- Questions?



Home

Apply

Sign up

Log in

English Español

Welcome to ePASS

- ePASS is a way to apply for Benefits and services in North Carolina.
- New applicants and existing beneficiaries can create an account.
- An enhanced account for Medical Assistance lets you report changes and view case details online. For more information see below.



Looking for information on Medicaid Expansion? Select "Continue" for details and to start the application process.

Continue \times



Apply for benefits

Apply for Medical Assistance, Food & Nutrition Services, Energy Assistance or TANF - Work First.



Apply for FNS without an account

Apply for Food & Nutrition Services (FNS) without creating an account.



Apply for Energy Assistance

Apply for Energy Assistance (LIEAP/CIP).



NCID ACCOUNT

Food and Nutrition Services and Medicaid policy allows a representative designated by an applicant to apply for benefits, on behalf of the applicant. You can apply for benefits through ePASS.

To apply for an individual or household, an NCID account is required.

If you represent a business or organization who is authorized to apply on behalf of more than one applicant or household at the same time, you must have a Business NCID Account.

Create an l	NCID Account
An NCID account is re you will need to create	quired to log in to ePASS and submit applications. If you or the individual you are assisting does not have an NCID account one.
For more information blease <u>click here.</u>	egarding applying for someone else as a representative, or applying for multiple individual households at the same time,
Please select fro	m the statements below:
When you make a sel	ection, more text will display to help you determine what type of NCID account to create.
I am applying	or myself and/or my family.
I am assisting	someone with applying.
I am applying	n behalf of someone else as a representative.
I am applying	on behalf of multiple individual households as a representative.

Apply for benefits

Food & Nutrition Services

Benefits can help feed your family with fresh and healthy groceries.

Learn more

You will not be discriminated against. To view the USDA nondiscrimination statement for FNS or to file a program complaint of discrimination, click here.

Medical Assistance

Benefits can provide free or low-cost health coverage for low-income people, families and children, pregnant women, the elderly, and people with disabilities.

Learn more

Temporary Assistance for Needy Families (TANF - Work First)

Benefits can provide temporary assistance for families with minor children. Recipients may be required to participate in work activities to receive these benefits.

Learn more

Apply

Step 1 of 10 · Getting started

Getting started

Medical Assistance family is defined as

- You
- Your spouse
- Your children under 21 including stepchildren
- Any other person on the same federal income tax return (including any children over age 21 who are claimed on a parent's tax return). You
 don't need to file taxes to get health coverage.

Food and Nutrition household is defined as

· Anyone that you buy, prepare or eat food with.

TANF - Work First household is defined as

- All children in the home under age 18.
- Any adults in the home responsible for their day-to-day care

Who are you applying for? Required
For myself and/or my family/household
As a Representative for someone else
As an Authorized Representative for someone else
Are you applying for Food and Nutrition Services? Required ?
No •
Are you applying for TANF - Work First? Required ?
No •
Are you applying for Medical Assistance? Required ?
Yes •

Help us determine if you may get benefits based on circumstances other than income.
Are you or anyone in this household blind? Required ?
✓Please Select No Yes Are you or anyone in this household disabled? Required ?
Please Select
Do you or anyone in this household need help with daily living activities? Required ? Please Select
Are you or anyone in this household age 65 or older? Required ? Please Select
Next

What you need to know

Applicants who are found ineligible for full Medicaid or NC Health Choice will be referred to the Federal Health Insurance Marketplace for a determination of eligibility for financial help to enroll in a Qualified Health Plan (QHP).

If you do not use ePASS for more than 30 minutes, your session will time out and you will be relocated to the ePASS Home Page. Any information that you completed will be saved.

Requirements for submitting an application

Information about Social Security Numbers, U.S. Citizenship and Immigration status

Need help?

About you

What do we need to know about you?

We will ask you to provide your:

- Name
- · Date of birth
- Social Security Number (Optional for individuals not seeking benefits)
- · Address (if you have one)
- Contact details

Please Note: We will not share SSNs with the US Citizenship and Immigration Service(USCIS).

Why do we need to know about you?

The information you provide will be used to verify your identity, income, and citizenship status.

How should I respond if I don't know the answer to the question?

If you don't have the information available at this time, you may be asked to provide it later.

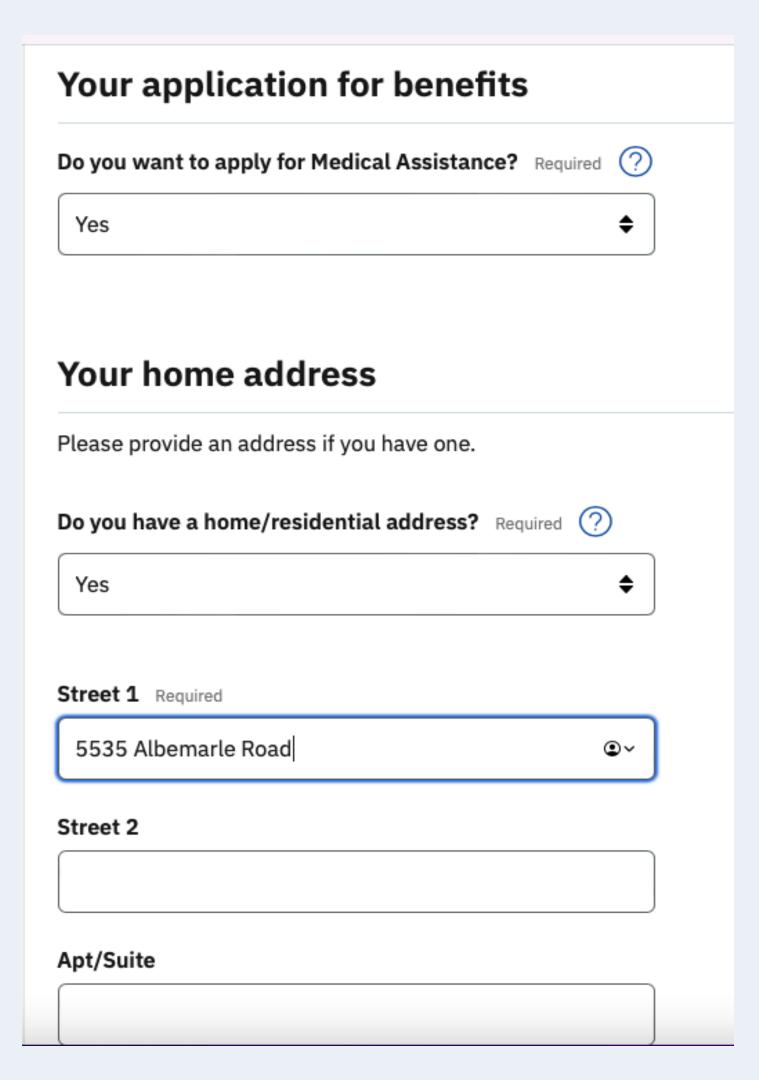
If you get stuck at any point in the application, you can still submit what you have completed so far by selecting "Back". Then select "Options" to Save & Submit your application.

Next

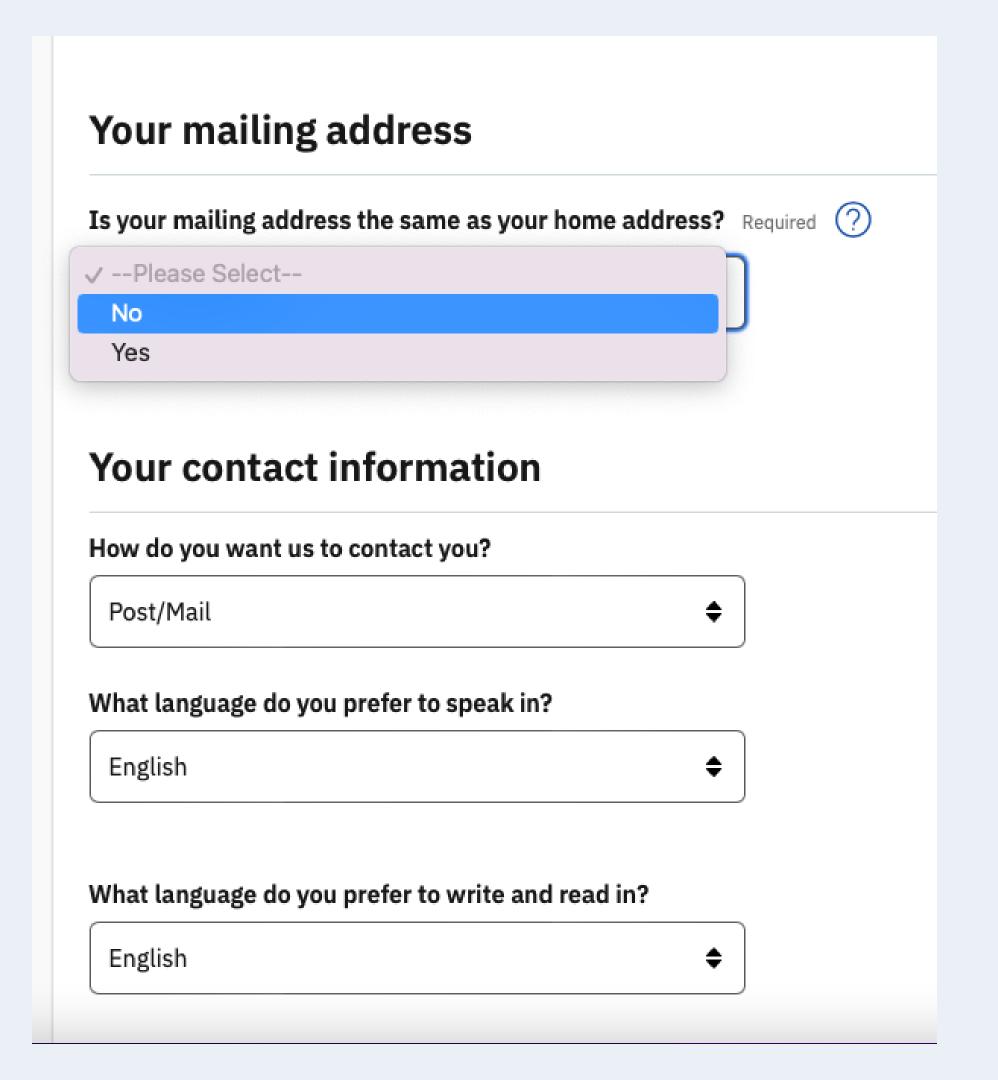


Information about you

You will be designate	as the primary contact for this appli	cation. 🕐
First name Required (
Charlotte		
Middle name 🥐		
Last name Required		
Advocacy		
Suffix		
Please Select	\$	

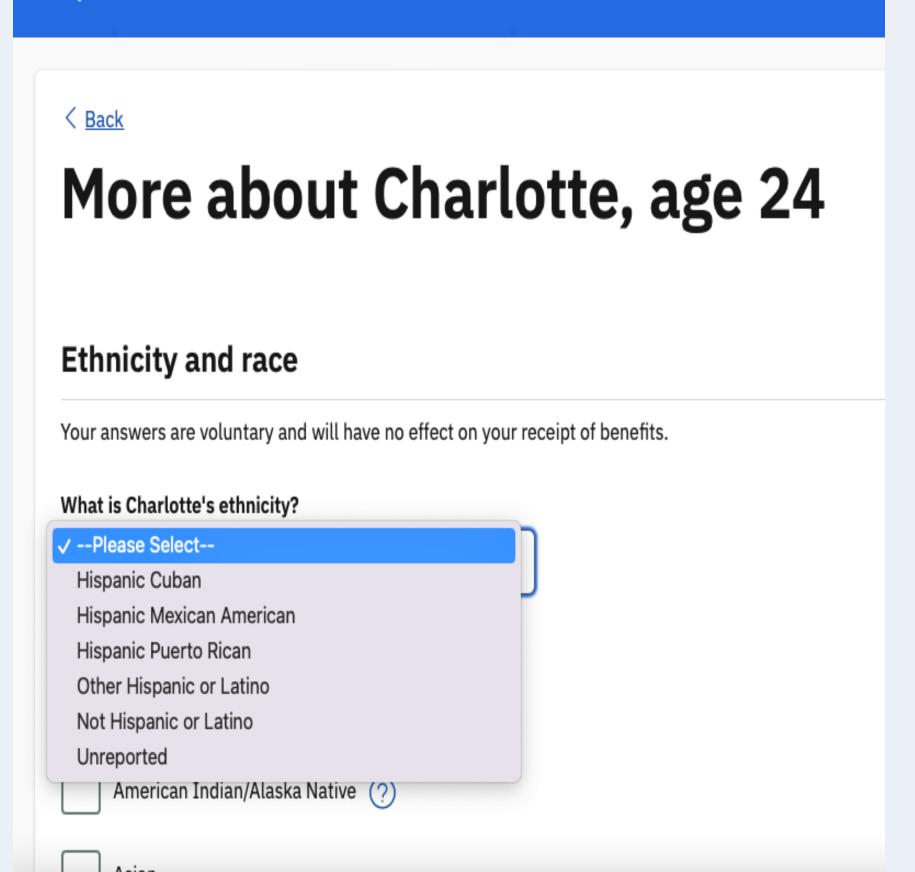


rour home address	
Please provide an address if you have one.	
o you have a home/residential address? Required ?)
Yes	•
Street 1 Required	
5535 Albemarle Road	
Street 2	
Apt/Suite	
City Required	
Charlotte	
itate Required	
North Carolina	\$



Application for Food and/or Medical Assistance and/or Cash Assistance

Step 2 of 10 · Your information



Ethnicity and race Your answers are voluntary and will have no effect on your receipt of benefits. What is Charlotte's ethnicity? --Please Select--What is Charlotte's race? Check all that apply. (?) Your answers are voluntary and will have no effect on your receipt of benefits. American Indian/Alaska Native (?) Asian Black or African American Native Hawaiian or Other Pacific Islander White or Caucasian Other

Enumeration requirement:

Social Security Number (SSN)
If you are applying for Medical Assistance you need to provide an SSN if you have one. If you do not have one, you will be able to state the reason below. Providing an SSN of non-applicants who have an SSN is not required but is encouraged as it may allow for faster processing of this application.
People who apply for Food and Nutrition Services are required by the Food and Nutrition Act to provide an SSN for applicants seeking benefits.
If you are applying for TANF - Work First, you need to provide a SSN. If you do not have one, you must provide verification of an application for a SSN.
Does Charlotte have an SSN? ②
Yes •
What is Charlotte's SSN?
123456789
Is Charlotte Advocacy the name that appears on Charlotte's Social Security Card? Required Yes

- An immigrant who is not eligible to obtain a social security number or who is eligible only to be issued an SSN for a valid non-work reason may receive Medicaid without providing or applying for an SSN provided that he or she is otherwise eligible.
- No proof of an application for a SSN is required in these cases:
 - Examples: F-1, F-2, B-1, B-2, E-1, E-2. They may have valid status but may not have an SSN.
- An immigrant who is not yet eligible to obtain a SSN or is in the process to obtain it, may be eligible for APTCs and CSRs in the Marketplace.
 - Identity will not be verified online if immigrant doesn't have a SSN.
 - Tips: Create an account and create application without submitting it and call the Marketplace call center to continue with verification of identity.



Enhance your ePASS account

What is an enhanced ePASS account?

Enhancing your account is a free service. With an enhanced account you can do more than submit applications. For a Medical Assistance Case, you will be able to:

- Report a change
- · View notices
- Appeal a decision
- · Recertify for benefits

For all cases, you will be able to:

- Upload documents for faster processing
- · View office contact details

Why should I enhance my ePASS account?

When you enhance your ePASS account, you will be able to report updates and view case details online rather than making a phone call or physically coming into a DSS County office.

How do I enhance my ePASS account?

When you enhance your ePASS account we send your information to Experian to help us confirm your identity. Experian is a credit bureau that is able to verify the information you give us with their records. We use the information from Experian to ask you questions that only you will know the answer to, so that we make sure you are who you say you are.

Enhancing your account does not impact your credit score and you will not incur any charges related to this credit inquiry.

What do I need to do to enhance my account?

You need to answer questions based on your credit profile. You also need to have the ability to receive a security code in the form of a text message or an email.

Begin enhancing your account

Do you agree to allow your information to be sent to Experian to enhance your account? Required ?



For more information about enhanced accounts, you can visit the enhanced account FAQ page.

Step 2 of 10 · Your information



Enhance your ePASS account

If you decide not to enhance your account, you will not have access to features, such as viewing notices online, that make it easier and faster to access your ePASS account.

Are you sure you want to continue your application without enhancing your account? Required

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_	/	



Next

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Household

What do we need to know about your household?

We will ask whether there are any other members of your household and details about each of them.

You will need your household member's:

- Name(s)
- · Date(s) of birth
- · Social Security Number(s), if they are applying for benefits
- Their relationships to you and each other

Please Note: We will not share SSNs with the US Citizenship and Immigration Service(USCIS).

Why do we need to know about your household?

This information is important in order to be sure that everyone in your household is getting the benefits that they might be eligible for.

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Who should you include in your application?

It's important to add the people in your household so we can check if they might be eligible for benefits.

Who should I include on my Food and Nutrition Services application?

Who should I include on my Medical Assistance application?

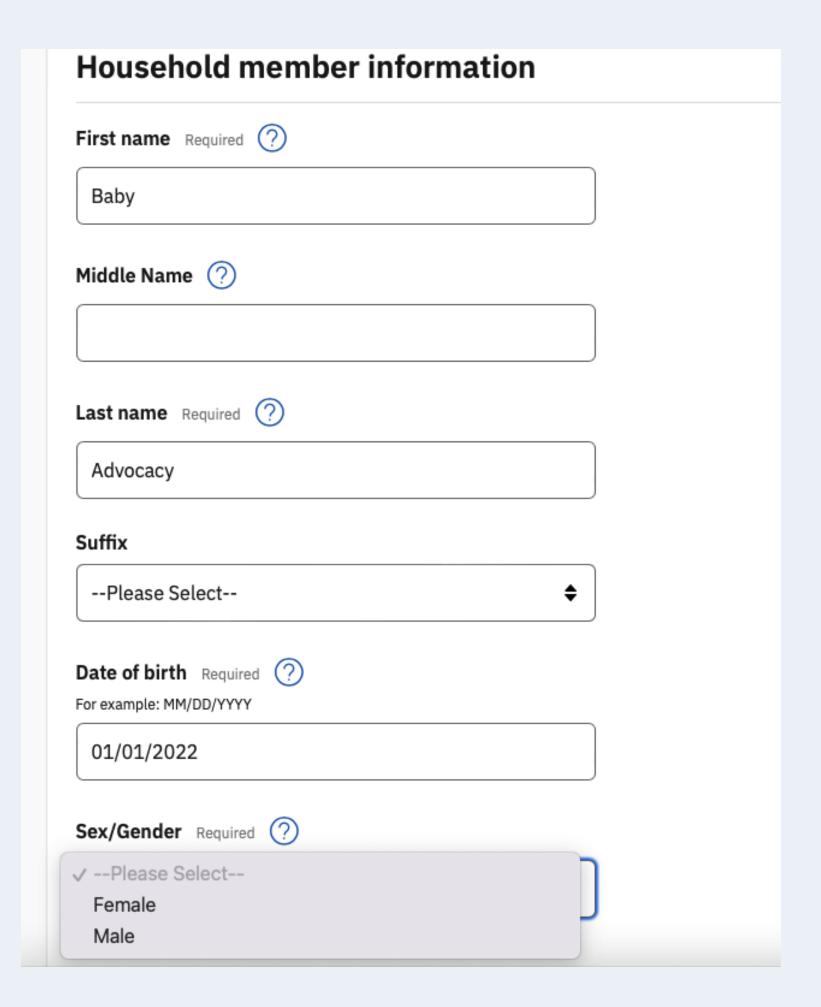
If you or anyone in your household is applying for Medical Assistance, you should include the following individuals:

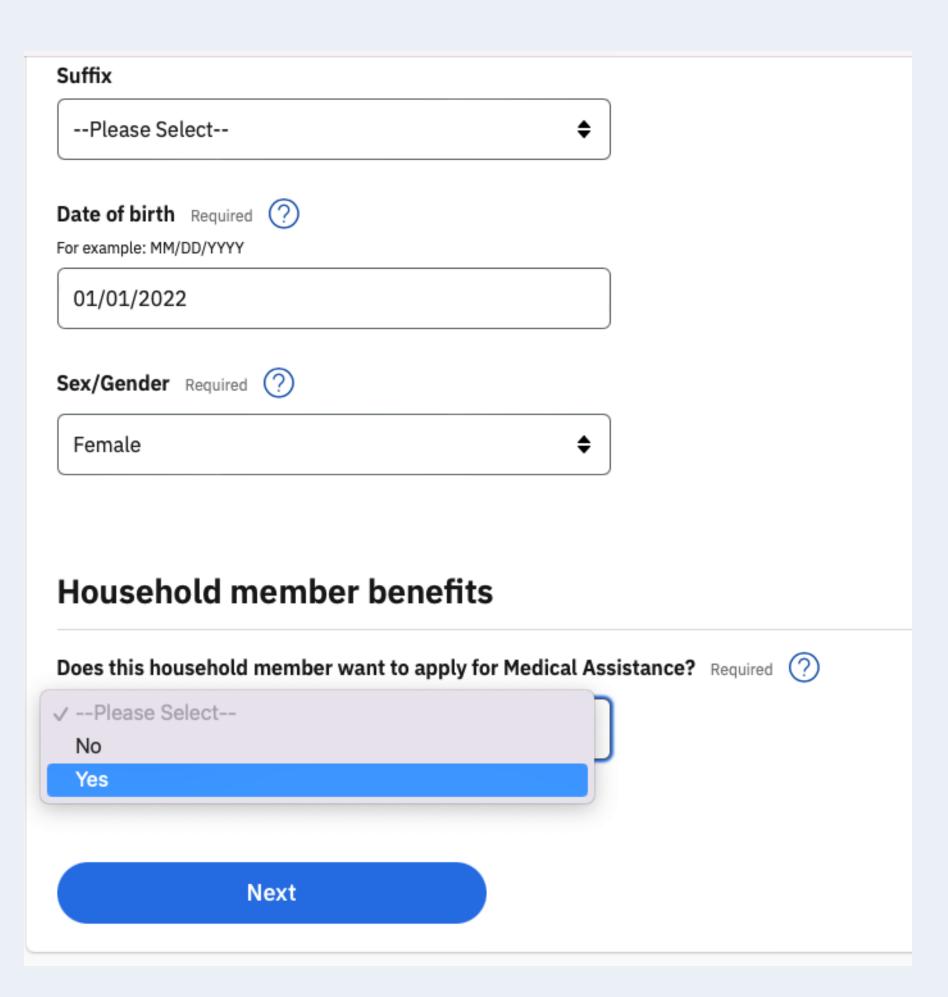
- Your spouse
- Your children under 21 who live with you
- Anyone you include on your federal tax return, even if they don't live with you
- Anyone else under 21 who you take care of and lives with you
- Any family members who live with you even if they are temporarily absent
- Anyone else living with you such as siblings or parents who are not included on your application for Medical Assistance

MAGI Households Medicaid vs. Marketplace



- For Marketplace, HH size = Tax filing unit
- For MAGI Medicaid, HH size = Tax filing unit BUT...
 EXCEPTIONS:
 - If no one files taxes ("non-filer"), HH is parents plus minor children
 - Special cases treated as a "non-filers"
 - Tax dependent who is not a child or spouse
 - Child claimed as tax dependent by non-custodial parent
 - Child living with both parents who are unmarried
 - Spouses living together are in same HH, regardless of filing status
 - A pregnant woman is counted as 2 people (or 3, if twins)





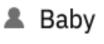


More about Baby, age 2

Your household so far

Charlotte

Age 24



Age 2

Please tell us more about Baby, age 2.

Ethnicity and race

Your answers are voluntary and will have no effect on your receipt of benefits.

What is Baby's ethnicity?

✓ --Please Select-Hispanic Cuban
Hispanic Mexican American
Hispanic Puerto Rican
Other Hispanic or Latino
Not Hispanic or Latino

People who apply for Food and Nutrition Services are required by the Food and Nutrition Act to provide an SSN for applicants seeking	ng benefits.
If you are applying for TANF - Work First, you need to provide a SSN. If you do not have one, you must provide verification of an appl SSN.	ication for
Does Baby have an SSN?	
Yes •	
What is Baby's SSN?	
234567890	
Is Baby Advocacy the name that appears on your Social Security card? Required ?	
✓Please Select	
No	
Yes	
Next	

Additional household members

Your household so far Charlotte Baby Age 24 Age 2 You added the people above to your application. Take a look and decide whether you need to add more people. Remember, it's important to add the people in your household so we can check if they might be eligible for benefits. Who should I include on my Food and Nutrition Services application? Who should I include on my Medical Assistance application? \wedge If you or anyone in your household is applying for Medical Assistance, you should include the following individuals: Your spouse • Your children under 21 who live with you • Anyone you include on your federal tax return, even if they don't live with you • Anyone else under 21 who you take care of and lives with you • Any family members that live with you even if they are temporarily absent

Household member information First name Required (?) Grandma Middle Name (?) Last name Required Advocacy Suffix --Please Select--Date of birth Required (?) For example: MM/DD/YYYY 01/01/1970 ⊙~



Additional household members

Your household so far

Charlotte

Age 24

Baby

Age 2

Grandma

Age 54

You added the people above to your application. Take a look and decide whether you need to add more people.

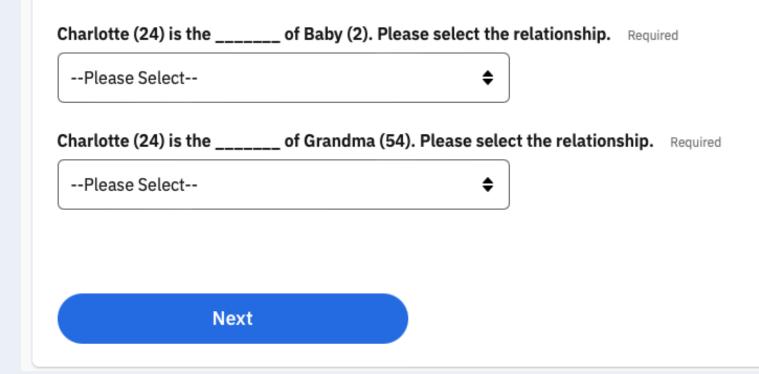
Remember, it's important to add the people in your household so we can check if they might be eligible for benefits.

Who should I include on my Food and Nutrition Services application?



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Relationships for Charlotte, age 24



Step 3 of 10 · Household < Back Relationships for Charlotte, age 24 Charlotte (24) is the _____ of Baby (2). Please select the relationship. Required Parent Charlotte (24) is the _____ of Grandma (54). Please select the relationship. Required √ --Please Select---Aunt Child Cousin Foster Child **Foster Parent** Grandchild Grandparent Great Aunt Great Grandchild Healthcare.gov Disclaimer



Tax filer information

You must select all household members who are expected to file taxes this year. Most adults who receive any sort of income are expected to file taxes.

- · For married couples filing together, select both filers
- For individuals who will be listed as dependents on your tax return, do not select them unless they are also required to file their own tax return

Based on the conditions above, who in the household expects to file taxes next year?

Charlotte Advocacy, age 24

Baby Advocacy, age 2

Grandma Advocacy, age 54

Next

Step 3 of 10 · Household

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Tax dependent information

Who, if anyone, expects to claim Baby, age 2 as a dependent on their tax return? Required

Someone inside the household



Who is expected to claim Baby, age 2 on their tax return? Required



Charlotte, age 24

Next

Medicaid MAGI Household Rules

Source: CBPP, Reference Guide: Medicaid Household Rules

If an individual is a:

Tax Filer Not Claimed as a Dependent	Tax Dependent	Non-Filer / Non-Dependent	
Individual's household is: → Spouse → All persons whom tax filer expects to claim as a dependent	 Individual's household is: Household of the tax filer claiming individual as a dependent EXCEPTIONS (apply the rules for non-filers) Tax dependents not a child of the taxpayer Individuals under 19¹ living with both parents not expected to file a joint return Individuals under 19¹ claimed as tax dependent by non-custodial parents 	For individuals age 19 and above, household is: Individual plus: Spouse (if living with individual) Children under age 19¹ (if living with the individual) For individuals under age 19¹, household is: Individual plus: Siblings under 19¹ Parents (including step-parents) Children living with individual³⁴	

¹States can extend the age limit to include individuals under 21 who are full-time students

Notes:

- For married couples filing jointly, each spouse is considered a tax filer.
- Married couples living together are always in each other's household regardless of how they file.
- When determining the household of a pregnant woman, she is counted as herself plus the number of children she is expecting. When determining the household for individuals whose household includes a pregnant woman (but are not pregnant themselves), states can count the pregnant woman as 1, 2, or 1 plus the number of children she is expecting.
- MAGI household and income rules do not apply to seniors eligible for Medicaid or people eligible for Medicaid due to a disability.

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Where do you live? 5535 ALBEMARLE RD, CHARLOTTE, NC, 28212, Mecklenburg County Does everyone in your household live with Charlotte, age 24 at the address above? Required √ --Please Select--No Yes Is everyone in your household a resident of North Carolina? Required ? --Please Select--Is anyone in your household, who is a North Carolina resident, temporarily absent from the state? ? --Please Select--Is everyone in your household who is seeking benefits a U.S. citizen or U.S. national? Required ? --Please Select--

Does everyone in your household live with Charlotte, age 24 at the address above? Required Yes Is everyone in your household a resident of North Carolina? Required ? Yes Is anyone in your household, who is a North Carolina resident, temporarily absent from the state? (?) No Is everyone in your household who is seeking benefits a U.S. citizen or U.S. national? Required ? Yes Next Healthcare.gov FAQ **Enrollment Broker** Find a DSS office DHHS Disclaimer

Household summary

You added the following people to your application. Take a look to make sure the information is correct. Also decide if you need to add, remove or make changes to the information.



Review carefully because you will not be able to add any more household members after this point.

About primary applicant

Member name

Charlotte Advocacy

Sex/Gender Female

Address 5535 ALBEMARLE RD, CHARLOTTE, NC, 28212, Mecklenburg County

Date of birth 1/1/2000

Mailing address (if applicable)

Social Security Number ***-**-6789

Change

Household members

Member name

Baby Advocacy

Sex/Gender Female

Address

5535 ALBEMARLE RD, CHARLOTTE, NC, 28212, Mecklenburg County

 \wedge

Date of birth 1/1/2022

Social Security Number

***-**-7890

Change

Mailing address (if applicable)

Member name

Grandma Advocacy

Sex/Gender Female

Address 5535 ALBEMARLE RD,

CHARLOTTE, NC, 28212, Mecklenburg County

Date of birth 1/1/1970

Mailing address (if applicable)

***-**-5678

Social Security Number

Change

Remove

Remove

Step 5 of 10 · Income



Income and money

What do we need to know about your income and money?

We will ask for information about income and money for everyone in your household. Depending on your income level, we may need to know about both your current and expected income. You may need:

- · The last tax return made by anyone in your household
- The latest wage information for anyone in your household
- Details of any other income received by anyone in your household

Why do we need to know about your income and money?

Income information helps us see what benefits you or your household might be eligible for.

Why do we need to know about your income and money?

Income information helps us see what benefits you or your household might be eligible for.

How should I respond if I don't know the answer to the question?

If you don't have the information available at this time, you may be asked to provide it later.

If you get stuck at any point in the application, you can still submit what you have completed so far by selecting "Back". Then select "Options" to Save and Submit your application.

Next

Whose Income Counts?

- •Income deeming is when the income of an ineligible spouse or parent(s) is counted towards the applicant's income for determining eligibility.
 - If Medicaid Individual or Medicaid Couple are applying, only count their income.
 - No income deeming from ineligible spouse or parent(s) in HH
 - Income is "deemed" (or counted) when:
 - Spouse-to-spouse if living together and not enrolled in CAP/DA or PACE (Medicaid Individual with an Ineligible Spouse)
 - Parent-to-child if child is under 18 and lives in the home (Medicaid Child)



Three generation household

- Charlotte claims her minor daughter, Baby,
 and mother, Grandma (54), as tax
 dependents.
- Charlotte earns \$1,250/biweekly but has \$10/biweekly in 401(k) payroll deferrals.
 Grandma receives \$100/biweekly from a pension.

	Medicaid	%age of	Eligibility
	HH size	FPL	
Charlotte	3	129%	Expansion (MXP)
			eligible
Baby	3	129%	MIC eligible
Grandma	1	18%	Expansion (MXP) eligible

Medicaid Household Example

- Charlotte and Baby's household size is 3 based on the tax household.
 Only Charlotte's income counts because Grandma is a tax dependent.
- Even though Grandma is a tax dependent, her household is different because she meets one of the exceptions (she is a tax dependent of someone other than a spouse or parent). Her household size is one under the non-filer rule and only her income is counted.

Information about income & money

Does anyone in the household receive income? Required Income is money from a job, self-employment, and benefits such as retirement.
Yes •
Please select the household members who receive income. Required
Charlotte, age 24
Baby, age 2
Grandma, age 54
Does anyone in the household have any educational scholarships? Required
Educational scholarship is a grant or payment made to support a student's education. (as by a college or foundation)
No \$
Next
Next

Income information
Answer the questions for the types of income and money the household receives.
What type of income does Charlotte have? Required ?
Job ◆
What is the name of Charlotte's employer?
How many hours does Charlotte work per week on average? Required ?
25
How much income does Charlotte receive before taxes? Required
\$ 1,250
How often does Charlotte receive this income? Required ?
Every Two Weeks \$



More information about income & money

Income information

Answer the questions for the types of income and money the household receives.

What type of income does Grandma have? Required ?



How much income does Grandma receive before taxes? Required



How often does Grandma receive this income? Required ?



When did Grandma start receiving this income? Required ?

For example: MM/DD/YYYY

Step 5 of 10 · Income

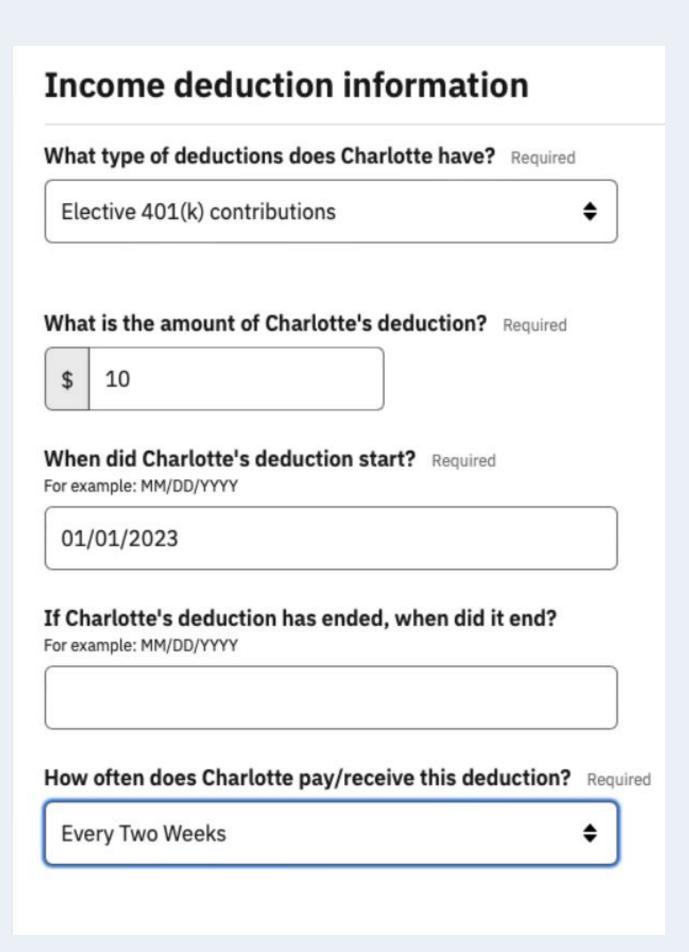
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Deductions from income for Charlotte, age 24

You will have the option to add more deductions from income after this one.

Income deduction information

Please Select		•		
riease select		•		
t is the amount of C	harlotte's deduction	? Required		
t is the amount of C	harlotte's deduction	? Required		
t is the amount of C	harlotte's deduction	? Required		



Income deduction information

What type of deductions does Charlotte have? Required

✓ --Please Select--

Adoption assistance

Alimony paid

Certain business expenses of reservists, performing artists, and fee-basis government officials

Deductible part of self-employment tax

Domestic production activities deduction

Education assistance

Educator expenses

Elective 401(k) contributions

Group legal services coverage

Group term life insurance

Health savings account deduction

IRA Deductions

Medical and child care reimbursements

Medical and dental insurance

Penalty on early withdrawal of savings

Rent or Royalties

Self-employed SEP, SIMPLE, and qualified plans

Self-employed health insurance deduction

Short and long-term disability insurance

Student Loan Interest

Transportation expenses

Step 6 of 10 · Additional household information

< Back

Additional household information

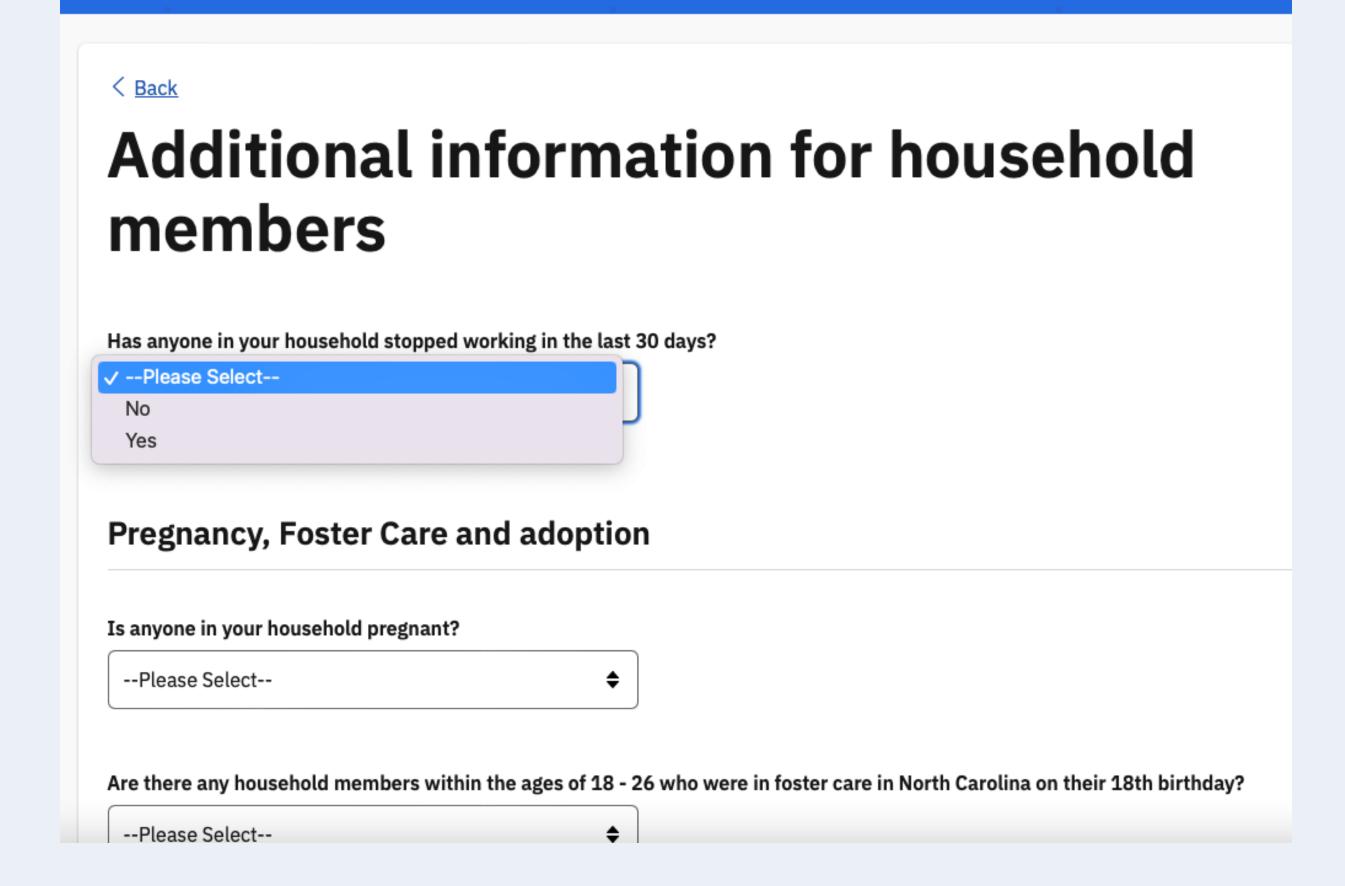
What else do we need to know about your household?

We might ask you for more information about:

- Disability
- Pregnancy
- Foster Care
- Adoption
- Medical needs
- · Penalties and violations
- · Programs and organizations
- · Health insurance

If you answer yes to any of these questions, we will ask you to provide more information.

Step 6 of 10 · Additional household information

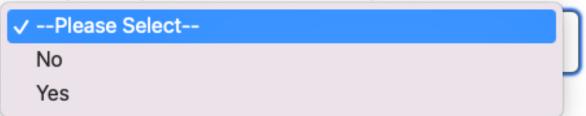


Pregnancy, Foster Care and adoption Is anyone in your household pregnant? --Please Select--Are there any household members within the ages of 18 - 26 who were in foster care in North Carolina on their 18th birthday? ✓ --Please Select--No Yes Does any child in your household receive an adoption payment? --Please Select--**\$ Medical needs** Is anyone in your household currently enrolled in Medicaid outside of North Carolina?

-- Places Salact--

Medical needs

Is anyone in your household currently enrolled in Medicaid outside of North Carolina?



Is anyone in your household currently enrolled in Medicare?



Does anyone in your household currently have private health insurance or military health insurance such as CHAMPVA or TRICARE?



Is anyone in your household eligible for health insurance through their job but they are not enrolled?



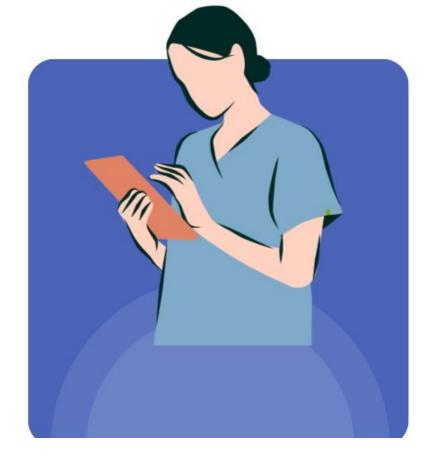
Does anyone in your household have any of the following:

- Unpaid medical expenses incurred in the last 24 months?
- Made a payment on a medical expense within the last 24 months?
- Monthly medical expenses?

DI---- C-I--+

Medical Needs

- Is anyone in your household currently enrolled in Medicaid outside of North Carolina?
 - An applicant cannot be enrolled in Medicaid in another state. They must contact their previous state and request immediate termination. Many states cannot terminate until the end of the month in which the member requested termination.
- Is anyone in your household currently enrolled in Medicare?
 - You cannot be eligible for Expansion Medicaid if you are enrolled in Medicare regardless of your age. This question also relates to assessing eligibility for Medicare Savings Programs or MQB, which pays Medicare Part B Premiums for applicants under 135% FPL.
- Does anyone in your household have private health insurance or military health insurance?
 - This question is mostly historical because previously children income-eligible for CHIP would not be eligible if they were covered by private health insurance. CHIP was expanded to full Medicaid on April 1, 2023. Medicaid does not prohibit having private health insurance, but Medicaid will always be a secondary payor to a private health plan.



Medical Needs

- Is anyone in your household eligible for health insurance through their job but they are not enrolled?
 - This is a Marketplace question. If an applicant is ineligible for Medicaid, their application is transferred back to the FFM with this information included.
- Does anyone in your household have any of the following: unpaid medical expenses incurred in the last 24 months; made a payment on a medical expense in the last 24 months; and/or monthly medical expenses?
 - This question relates to Medically Needy Medicaid. If an applicant is over the income limits, they may be eligible for Medicaid with a deductible and medical expenses within the last 24 months can count towards meeting the deductible. This is different than retroactive Medicaid.
- Has any household member had an inpatient hospital stay this month?
 - Inpatient stays can affect the living arrangement (private living arrangement or longterm care) applied to determine eligibility. An inpatient stay can also be relevant to medical expenses for Medically Needy Medicaid.



Prior medical expenses

What are prior medical expenses?

Prior medical expenses include medical bills that you or someone in your household incurred or are responsible for, whether paid or unpaid, in the last three calendar months (meaning the last three full months before this one).

What do I need to know about prior months

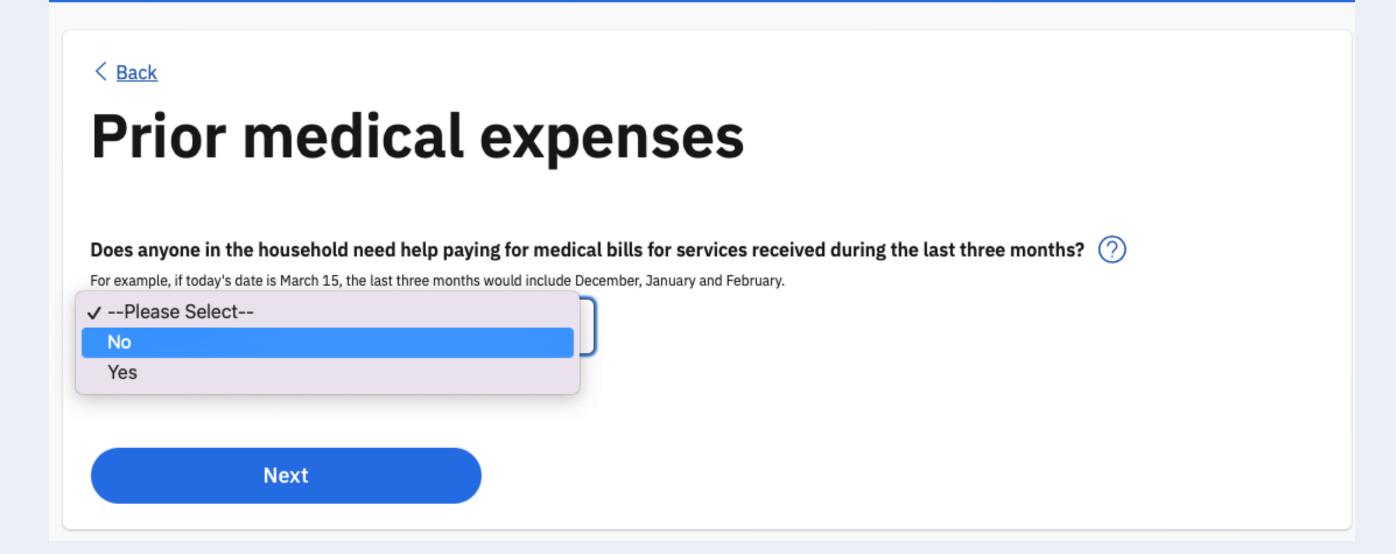
If you are submitting this application on a weekend, State/Federal holiday, or after 5 pm, your application will be submitted on the next business day. Please be aware that Medical Assistance for Retroactive months may be affected when applications are submitted in different months than they are started. The Retroactive months will be the three calendar months prior to the month that you submit your application.

Why are we asking about prior medical expenses?

If you or someone in your household had medical bills in the last three months, you may be eligible to receive Medicaid coverage for that time period to help pay for those bills. To check if you can get benefits for that time period, you may need to provide:

- Income information for anyone in your household for the past three months.
- Residency information for anyone in your household for the past three months.
- Household information for the past three months (such as who was in the household).

Step 9 of 10 · Prior medical expenses



MA-2300 - An Individual may be eligible for Medicaid ongoing and/or retroactive. Except for NCHC and MQB-Q, eligibility may be authorized 1, 2, or 3 months prior to the month of application. The applicant can make an application for retroactive coverage only, ongoing coverage only or retroactive and ongoing coverage.

E. For an applicant to receive retroactive Medicaid, there must have been a medical need in the retroactive period.

Step 10 of 10 · Review and submit

Summary

Below is a summary of the information you have given us about your household. Please review to make sure that it is correct before continuing.

If a piece of information is incorrect, you can update it here. You can click 'Add', 'Change', or 'Remove' next to the piece of information you want to update.

About primary applicant

Household Member

Charlotte Advocacy

Social Security Number

***-**-6789

Sex/Gender

Female

Address

5535 ALBEMARLE RD, CHARLOTTE, NC,

28212, Mecklenburg County

Date of birth

1/1/2000

Mailing address (if applicable)

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Change

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Step 10 of 10 · Review and submit

Final steps

You may need to provide additional documentation so we can verify what you entered on your application.

If documentation is needed, you will receive a request from a Department of Social Services representative.

If you have an enhanced ePASS account, you can provide this documentation online.

We will alert you on your dashboard of documentation to provide after you submit your application.

If you do not have an enhanced ePASS account, you will have the chance to enhance your ePASS account after you submit your application.

You can also mail any required documentation to your county Department of Social Services.

Please include the application reference number you will be given when you submit your application.

Click next to continue

North Carolina residency declaration

To receive North Carolina Medicaid, you must be a resident of North Carolina. North Carolina requires a form of verification to determine you are a North Carolina resident. We attempted to verify state residency using electronic sources and/or agency records, but we were not able to.

If asked to verify North Carolina residency, are you able to provide any of the following items to verify residency?

- Valid North Carolina Driver's License.
- Identification card issued by the North Carolina Division of Motor Vehicles (DMV).
- · Current North Carolina voter registration card.
- Document from the US Department of Veteran's Affairs, US Military or US Dept of Homeland Security, verifying your residence in North Carolina.
- · Current lease, rent, or mortgage agreement or payment receipt showing your name and North Carolina address.
- Current utility bill in your name or spouse's name and North Carolina address.
- Current North Carolina motor vehicle registration in your name or spouse's name and North Carolina address.
- Document showing that you or your spouse is employed in North Carolina or have a job commitment. (Documents from a North Carolina Employer, US Military, US Dept of Veteran's Affairs, US Dept of Homeland Security or a North Carolina School)
- Document showing that you have registered with a public or private employment service in North Carolina.
- Tax records showing a current North Carolina address.
- Document showing that your children are enrolled in a public or private school or childcare facility located in North Carolina.
- Official North Carolina school records signed by school officials, or diplomas issued by North Carolina schools (including secondary schools.

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About NC Medicaid > How To Apply

NCDHHS

How To Apply for NC Medicaid

Versión en español

Review the eligibility guidelines. If you are not sure if you are eligible, we suggest you apply anyway.

There are many ways to apply. You can apply online, by phone, email, mail, fax, or in person. See below for more details.

You can apply at any time of the year. It can take up to 45 calendar days (or up to 90 calendar days for disability applications) for your local Department of Social Services (DSS) to make a decision on your application. It can take longer if your application is missing information.

Do not wait — **apply now.** You may be eligible for Medicaid health care coverage for the last 3 months of medical bills starting from the date you apply.

About NC Medicaid

Eligibility

How To Apply

<u>Copays</u>

North Carolina Expands Medicaid



You can complete an application at your local DSS. Or you can fill out a <u>printable application</u> (DMA-5200) ahead of time. If you are a single adult without health care coverage from your employer, use the "short form" application (DMA-5201).





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