

**Additional Member Information** (If you have more than two people to include, use a copy of the Additional Member section and complete.)

First Name, MI, Last Name & Suffix	Marital Status	If married, do they live with their spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to you?
Social Security Number (OPTIONAL) _____ - _____ - _____	Date of Birth ____/____/____	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date: _____ If yes, how many babies are expected: _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

**Do they plan to file a federal income tax return NEXT YEAR?**

Yes **If yes, answer questions 1 - 3**  No **If no, skip to question 3.**

**Note: They can still apply for health insurance even if they don't file a federal tax return.**

- Do they expect to file a joint return with a spouse/partner?  Yes  No  
**If yes, name of spouse/partner:** \_\_\_\_\_
- Will they claim any dependents on their tax return?  Yes  No  
**If yes, list name(s) of dependents:** \_\_\_\_\_
- Are they being claimed as a dependent on someone else's tax return?  Yes  No  
**If yes, please list the name of the tax filer:** \_\_\_\_\_  
How are they related to the tax filer? \_\_\_\_\_

**Are they applying for Medicaid, Nevada Check-Up or assistance with their health insurance premiums (Advanced Premium Tax Credit - APTC)?**

Yes **If yes, answer all the questions below.**  No **If no, skip to the income questions.**

**Note: Marking 'Yes' means they will be evaluated for federally funded medical assistance.**

Social Security Number - <b>REQUIRED</b> if not listed above _____ - _____ - _____	If they are a child, under the age of 19, do they have access to public employee coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are they a U.S. citizen?  Yes  No      Have they lived in the U.S. since 1996?  Yes  No

If not a U.S. citizen, do they have eligible immigration status?  Yes  No

**If yes, provide the following information:**      **Type:** \_\_\_\_\_      **ID Number:** \_\_\_\_\_

Are they, their spouse or their parent (if they are a minor) an honorably discharged veteran or active duty member of the military?  Yes  No

Are they a full-time student?  Yes  No

Are they an American Indian or Alaskan Native?  Yes  No

**If yes, what tribe?**

If under age 26, have they ever been in foster care?  Yes  No      **If yes, what state?** \_\_\_\_\_

Age when they left the program? \_\_\_\_\_      Did they receive health care through a state Medicaid program?  Yes  No

Are they a parent or primary caretaker relative of any child(ren), under the age of 19, in the household?  
 Yes  No      **If yes, who?** \_\_\_\_\_

Do they have medical bills for the past three months that they need help with?  Yes  No

**If yes, what months?**



**Additional Member Information continued:****DEDUCTIONS (Only list deductions reported on the IRS form 1040): Check all that apply and give amount and how often.**

If they pay for certain things that can be deducted on a federal income tax return, telling us about them could reduce their countable income. **Note:** Do not include a cost they already considered in their answer to net self-employment.

- |                                                                                                                        |          |                  |
|------------------------------------------------------------------------------------------------------------------------|----------|------------------|
| <input type="checkbox"/> Educator expenses                                                                             | \$ _____ | How often? _____ |
| <input type="checkbox"/> Health savings account                                                                        | \$ _____ | How often? _____ |
| <input type="checkbox"/> Moving expenses                                                                               | \$ _____ | How often? _____ |
| <input type="checkbox"/> Alimony                                                                                       | \$ _____ | How often? _____ |
| <input type="checkbox"/> IRA deductions                                                                                | \$ _____ | How often? _____ |
| <input type="checkbox"/> Business expenses of reservists,<br>performing artists, and fee-basis<br>government officials | \$ _____ | How often? _____ |
| <input type="checkbox"/> Penalty paid on early withdrawal of<br>savings                                                | \$ _____ | How often? _____ |
| <input type="checkbox"/> Student loan interest                                                                         | \$ _____ | How often? _____ |
| <input type="checkbox"/> Tuition and fees                                                                              | \$ _____ | How often? _____ |
| <input type="checkbox"/> Domestic production activities                                                                | \$ _____ | How often? _____ |

**YEARLY INCOME:**

If the income listed on this page is not steady from month to month, please tell us what they expect their yearly income to be. **For example**, some people expect their income to change because they only work some months of the year. If they do not expect a change to their monthly income, skip this question.

Total annual income expected this year: \$ \_\_\_\_\_ Total annual income expected next year: \$ \_\_\_\_\_

**RACE / ETHNICITY**

Are they Hispanic, Latino or of Spanish origin? (optional)  Yes  No

If Hispanic/Latino (check all that apply - optional):

- Mexican  Mexican American  Puerto Rican  Cuban  Chicano/a  Other

**Race (optional) - check all that apply**

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