



You can use this form to apply if you are a patient of the hospital, a patient's family member, or a community member.

Application for Presumptive Eligibility for Medicaid

Use this form to find out quickly if you qualify for presumptive eligibility for Medicaid. Presumptive eligibility offers you and your family immediate access to health care while you apply for regular Medicaid or other health coverage.

To find out if you qualify for regular Medicaid or other health coverage, you must complete and submit an Application for Health Insurance to Nevada Health Link. While you wait to learn if you qualify for regular Medicaid or other health coverage, you can get your health services through presumptive eligibility for Medicaid.

You can apply for medical assistance online at www.dwss.nv.gov

You can complete a paper application and submit by:

- Faxing your application to 1-855-868-5465 or
- By mailing the application to: Nevada Health Link
PO Box 97138
Las Vegas, NV 89193

Who can qualify for presumptive eligibility for Medicaid?

You can qualify for presumptive eligibility for Medicaid if you meet all of these rules:

- Your income is below the monthly limit
- You are a U.S. citizen, U.S. national, or eligible immigrant
- You do not already have Medicaid
- You have not had presumptive eligibility for Medicaid in Nevada in the past 24 months. Or, if you are pregnant, you have not had presumptive eligibility for Medicaid during this pregnancy.
- You are in one of the groups that qualifies for presumptive eligibility for Medicaid:
 - Children under age 19
 - Parents and caretaker relatives
 - Pregnant women
 - Other adults age 19-64
 - People under age 26 who were in foster care at age 18 (no income limit)

Need help with your application?

You can get personalized assistance completing your application at one of over 100 statewide locations.

- Takes about two hours in a location near you (office hours vary by location)
- A trained facilitator works with you to complete your application online
- Your application is processed immediately

Find a location nearest your home:

Call 1-855-768-5465 or visit www.nevadahealthlink.com



Questions? Ask your hospital representative. You can call [days and hours of operation]. Or visit [web address].

1	Tell us about yourself We ask for this information so that we can contact you about this application.		
Name (first, middle last)			
Home address (leave blank if you don't have one)			
City	State	ZIP Code	
Mailing address (if different from home address) <i>You must have a mailing address</i>			
Phone number (if you have one)	Email address (if you have one)		

2	Tell us about your family List yourself and the members of your immediate family who live with you. Include your spouse and your children, under age 19, if they live with you. Do not list other relatives or friends even if they live with you.						
Name <i>(first, middle, last)</i>	Relationship to you	Gender	Date of birth (XX/XX/ XXXX)	Applying for presumptive eligibility for Medicaid? (Yes or No)	Already has Medicaid? (Yes or No)	U.S. Citizen, U.S. National, or eligible immigrant? (Yes or No)	Resident of Nevada? (Yes or No)
					Answer for family members who are applying. If a person is not applying, you do not have to answer these questions for that person.		
(Same as above)	(Self)						



Questions? Ask your hospital representative. You can call [days and hours of operation]. Or visit [web address].

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Other questions

Answer these questions for yourself and your family members listed in Section 2. Your answers will make it easier to find out if you and any family members qualify.

Is anyone applying for presumptive eligibility pregnant? Yes No
If yes, who? _____ Expected due date? _____ How many babies does she expect? _____

Is anyone who is applying for presumptive eligibility for Medicaid receiving Medicare? Yes No
If yes, who? _____

Is anyone who is applying for presumptive eligibility for Medicaid a parent or caretaker relative? Yes No
If yes, who? _____

Was anyone who is applying for presumptive eligibility for Medicaid in foster care at age 18? Yes No
If yes, who? _____

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Tell us about your family's income

Write the total income before taxes are taken out for all family members listed in Section 2.

↓ Job income *For example, wages, salaries, and self-employment income.*

Amount \$ _____ How often? (check one) Weekly Biweekly Monthly Yearly

↓ Other income *For example, unemployment checks, alimony, or disability payments from the Social Security Administration (SSDI). Do not include Supplemental Security Income (SSI payments) or any child support you receive.*

Amount \$ _____ How often? (check one) Weekly Biweekly Monthly Yearly

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Sign this form here

By signing, you are swearing that everything you wrote on this form is true as far as you know. We will keep your information secure and private.

Your signature:

Date:



Questions? Ask your hospital representative. You can call [days and hours of operation]. Or visit [web address].

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If you qualify for presumptive eligibility for Medicaid, what happens next?

- You will get a letter from the hospital saying you were approved.
- **You can start using your presumptive eligibility for Medicaid coverage right away** for services such as doctor visits, hospital care, and prescription drugs. You can go to any health care provider who accepts Medicaid, starting the day you are approved.
 - To start using your presumptive eligibility for Medicaid, the hospital will give you a letter saying you are approved. Use the letter to get services until you get a card in the mail. The card should arrive within 7 - 10 days. If you lose the letter, you can call [State information: Relevant instructions].
 - If the letter says you qualify for presumptive eligibility for Medicaid because you are pregnant, you can get care at outpatient clinics or other places in the community. Presumptive eligibility for Medicaid will not cover the cost if you are admitted to a hospital.
- If you do not fill out and send the Application for Health Insurance to see if you qualify for regular Medicaid or other health coverage, your presumptive eligibility for Medicaid coverage will end on the last day of the month after the month you are approved.
 - For example, if you qualified for presumptive eligibility for Medicaid in January, it will end on the last day of February.
- **To see if you qualify for regular Medicaid or other health coverage:**

You can apply for medical assistance online at www.nevadahealthlink.com

You can complete a paper application and submit by:

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Las Vegas, NV 89193

The hospital will give you an application.

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If you do not qualify for presumptive eligibility for Medicaid, what happens next?

You will get a letter from the hospital saying you were not approved. You cannot appeal the hospital's decision. BUT, you can still apply for regular Medicaid or other health coverage by completing the Application of Health Insurance either online, telephone or on paper.



Questions? Ask your hospital representative. You can call [days and hours of operation]. Or visit [web address].