

## STEP 5

## (New) Medicaid Work Requirements

**!** Skip Step 5 for people under 19, over 64, receiving SSI/SSDI, or American Indian/Alaska Native (AI/AN).

### Household work barriers and exemptions

Check all that apply. Are you or anyone applying for Medicaid...

<b>Pregnant</b> now or within the past 12 months?	If yes, who? _____	No
<b>Enrolled as a student</b> (college or vocational program) full-time or at least half-time?	If yes, who? _____	No
Already required to complete work requirements for <b>food (SNAP) or cash benefits (TANF)</b> ?	If yes, who? _____	No
A <b>parent or caregiver</b> of a child under 14, or a caregiver of someone who needs help with daily activities (such as a disabled person or older adult)?	If yes, who? _____	No
A <b>parent of a child aged 14-18, whose income is below 53%</b> of the Federal Poverty Limit (FPL)? <i>For a family of 2: \$11,469. For a family of 4: \$17,490.</i>	If yes, who? _____	No
In <b>foster care</b> at age 18 and younger than 26 last month?	If yes, who? _____	No
A <b>disabled veteran</b> with a 100% disability rating?	If yes, who? _____	No
<b>Receiving care in a hospital</b> , nursing facility, psychiatric hospital, facility for people with intellectual disabilities, or getting similar care last month?	If yes, who? _____	No
<b>Traveling outside your community to get medical care</b> for themselves or a dependent last month?	If yes, who? _____	No
In a <b>treatment program</b> for a drug or alcohol disorder?	If yes, who? _____	No
Living with a <b>drug or alcohol disorder</b> ?	If yes, who? _____	No
Living with a physical, intellectual, or developmental <b>disability</b> that makes it hard to do daily activities?	If yes, who? _____	No
Living with a <b>mental health disorder</b> (such as schizophrenia, major depression, or OCD)?	If yes, who? _____	No
Living with a <b>serious health condition</b> that requires regular treatment (such as an autoimmune disorder, heart or kidney failure, or other severe condition)?	If yes, who? _____	No
In <b>jail or prison</b> now or were in the past 3 months?	If yes, who? _____	No



**Skip this page for anyone:**

- under 19 or over 64
- receiving SSI/SSDI
- who is AI/AN
- you checked “yes” for on the last page (such as pregnant people, people with disabilities, etc.)
- who have already reported \$580/month or more in income on this application

## Report work (skip for people listed above)

Report work or community service for required household members who completed **80+ hours last month:**

Who?	Type(s) of work (job/internship, self-employment, work program, community service, part-time student)	# of hours last month
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total hours can be a combination** of the types of work listed. Community service includes volunteering with a non-profit, school, emergency relief organization, or other unpaid service.

## Seasonal workers

Are you or anyone in your household a **seasonal worker** with an average income of \$580 per month or more over the last 6 months (\$3,480 total or more over 6 months)?

If yes, who?

\_\_\_\_\_

No

We will use data from state systems to verify what you reported. You do not need to provide proof right now. We will follow up if needed.



**NEED HELP WITH YOUR APPLICATION?** Visit the Medicaid website at [medicaid.org](https://www.medicaid.org) or call us at **1-555-555-5555**. Para obtener una copia de este formulario en Español, llame **1-555-555-5555**. If you need help in a language other than English, call **1-555-555-5555** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-555-555-5555**.