



CHAPTER 4

Program Application

FROM INTERVIEW
THROUGH SUBMISSION

Program Application: APPLICATION PROCESS

Begin Application

When you begin a new application, One-e-App will always prompt you to conduct an application search for the primary informant and/or household members.

This search will assist in eliminating duplicate applications in the system. Later, you will search for other people on the application.

Menu

- ☒ Begin Application
- ☐ Renew/Modify Application
- ☐ Conduct Application Search
- ☐ Contact Management
- ☐ Search Disenrolled Persons
- ☐ Retrieve Fax Cover Sheets
- ☐ View Assistor Workload
- ☐ Update Applicant Data

Search for an Application

Before beginning a new application, you must perform a search to find out whether the applicant(s) already exists in the system. Please specify at least two criteria or a unique identifier by which you would like to search.

Person Detail

First Name
Middle Name
Last Name
Suffix
Gender ☒ Male ☐ Female
Date of Birth 

When you conduct searches for an application, enter at least two of the following criteria:

- Applicant's name
- Gender, or
- Date of birth

During the initial application search it is not necessary to fill out criteria beyond the *Person Detail*.

You can also search by Application Assistor

Program Application: APPLICATION PROCESS

Search Results

To retrieve and continue with an application, click on the applicant's name. Applications that you are authorized to coauthor are highlighted.

Applications in Progress

Applicant Name	Date Of Birth	Created By	Creation Date	Application ID	Person ID	Score
Nancy Smith	2/2/1960	Vishnu Katta	11/27/2006	200633000274	31900001331069	65.90

Determined Applications Pending Submission

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
Nancy Smith	2/2/1969	Suresh Govindarajulu	11/17/2006	Medi-Cal for Children and Pregnant Woman	Fax	200632000119	31900017320064	64.70

Expired or Program Closed Applications

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
No matching records were found.								

Submitted Applications

Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score
Joel Ruiz	7/16/1999	Liz Ramirez	12/15/2006	Healthy Families	Fax	200633200338	31900007348067	100.00
Joel Ruiz	5/10/2005	Liz Ramirez	1/4/2007	Healthy Families	Fax	200700300037	31900005003078	100.00
Juanito Ruiz	6/14/1991	Manju Kulkarni	12/11/2006	Healthy Kids	Fax	200634400374	31900107344065	70.75
Dan Ruiz	10/20/1965	Juana Felix	12/13/2006	N/A	N/A	200634600247	31900076346067	70.75
Joel Deutsch	1/1/1937	Sarah Deutsch	11/7/2006	Medi-Cal for Children and Pregnant Woman	Fax	200631000391	N/A	55.00
Ricardo Ruiz	8/30/2006	Juana Felix	12/13/2006	Healthy Kids	Fax	200634600247	31900079346064	55.00

Note: Each  indicates a renewal application.

Note: Each  indicates a renewal application which has started and not completed through final eligibility review.

Note: Each  indicates Program Closed application(s) / person(s).

Note: Each  is a link to a person's application summary.

Note: Each  is a link to add a person to the clipboard.

Search  Begin New Application  Renew/Modify  View Clipboard  Next

Report a Bug/Make a Suggestion  Interview  Data Entry

RESULTS

The search will provide all possible matches in the One-e-App system among all agencies working with One-e-App in Los Angeles.

After you verify that your client is not in the search results you can begin a new application.

If your search comes back with a match and you can verify that it is the same person. You can utilize the Clipboard function.

Clipboard:

The Clipboard function is a tool that can be used to add persons to an application that already exists in the One-e-App data base. This function can help with creating, renewing and modifying applications by avoiding re-typing personal information such as: name, date of birth, gender, etc. If the person is already known to One-e-App and is in the submitted application workload, the person can be pasted to the clipboard and then be added to a new, renewal, or modified application. Click on the Clipboard icon next to the clients name, and then click on Begin New Application. Clicking on the Clipboard icon will pre-populate the client's information in the new application. You should verify that the information is still current.

Scroll to the bottom of the page and click on *Begin New Application*.

You have the choice of **Interview** mode or **Data Entry** mode.

- **Interview** mode is recommended when working directly with a client.
- **Data Entry** mode is recommended when taking an application over the phone, or when agencies have a dedicated person entering data after the client interview or application is complete.

THINGS TO CONSIDER

If you locate a person in the search results there may already an open case for that person. Refer to the **Resource** section to learn how to check the status of a case for the various programs.

Program Application: APPLICATION PROCESS

STEP 1: Getting Started

Data Sharing

☒ Yes ☐ No Do you give permission to share your personal information from this application with the following agencies?

- California Department of Health Services
- California Managed Risk Medical Insurance Board
- LA Care Health Plan
- Los Angeles County Department of Health Services
- Los Angeles County Department Of Public Health
- Los Angeles County Department of Public Social Services

Print **Report a Bug/Feedback**

Cambodian
Chinese
English
Farsi
Spanish
Vietnamese

DATA SHARING

In order to submit an application using One-e-App, a client must give permission to share his or her data with partnering agencies. You can tell the client that the information will only be used in eligibility determination. No personal information will be shared with anyone else. **This is a very important screen for you to explain to the family.**

You should give a copy of the **Data Sharing** screen to the client for his/her records. You can do this by clicking on the **Print** icon. The data sharing screen can be printed in Cambodian, Chinese, English, Farsi, Spanish, and Vietnamese.

If the client refuses to give permission to share data, you cannot process the application using the One-e-App system. You will need to use the appropriate paper application or the Health-e App for Medi-Cal or Healthy Families.

THINGS TO CONSIDER

Anytime there is a need to give consent or a signature is required, it is a good practice to give a copy of the completed document to the client for their records.

STEP 1: Getting Started

Primary Informant

Please provide the name of the primary informant.

+ First Name

Middle Name

Last Name

Suffix

PRIMARY INFORMANT

The Primary Informant is the person providing the information for the application.

He or she does not need to be a member of the household.

STEP 1: Getting Started

Signature Option Notes

Please select a method for submitting our signature from the options below.

- ☐ I will use an electronic signature tablet.
- ☐ I will print the Rights & Declarations and fax them with the fax cover sheet provided at the end of the application process.

SIGNATURE OPTION

One of the first things you must do is select a method for submitting a signature. You must have an electronic signature tablet and software to select the electronic signature option.

Program Application: APPLICATION PROCESS

STEP 1: Getting Started

Los Angeles Applicant Authorization for Processing Application

Notes

Applicant Permission for Agency Application Assistance

2/1/2007

I, Pablo Ruiz, give permission to Certified Application Assistors from the Enrollment Entity listed below to process an electronic health benefits application for my child(ren) using the One-e-App system. I also give permission to, Test Organization, to contact agencies where my child's or children's application(s) is/are being processed to address any issues about their application(s).

Enrollment Entity : Test Organization
EE# :

I understand that this permission will remain active unless an end date is indicated below, or I decide to cancel this permission at any time by notifying this agency, Test Organization.

From : 2/1/2007 To :

I have been told that if I seek assistance from agencies other than Test Organization that I will have to complete this authorization process again.

On the day I signed this agreement, I was assisted by:

Certified Application Assistant : Liz Ramirez
CAA# : 123456

Applicant Signature _____ Date _____

If you have questions about your application, please call us at (213) 749 4261.

☐ I decline to sign the above declaration.

For System Use

Please enter the date the declaration was signed.

LOS ANGELES APPLICANT AUTHORIZATION FOR PROCESSING APPLICATIONS

This authorization allows the applicant to give you and your agency permission to process the application for the applicant and to contact agencies on the client's behalf. This permission may or may not be accepted by the health program agencies. Medi-Cal often, but not always, requests the **Authorized Representative Form**, good for up to a year (see **Resources**).

You should discuss the amount of time the client wants you and your agency to have this permission. The client may make the authorization open-ended, by leaving the date range blank, or may choose to limit the amount of time. If, at a later time, the applicant chooses to work with another agency, your permission is ended.

Tips for Phone Applications

If you are working with someone over the phone, print the authorization along with other documents that need a signature and mail them to the applicant, with a pre-stamped envelope if possible, or fax them. The application will have to be suspended while this process takes place (see **Suspending an Application**, page 91).

Note that the authorization will have to be completed for each agency that works with the client.

You must enter the date the authorization is signed. You can skip the date to allow for phone applications, but it must be signed before submitting the application to the program.

THINGS TO CONSIDER

Healthy Families has a separate Authorized Representative form, available at <http://www.healthyfamilies.ca.gov/English/Publications/AuthorizedRepForm.pdf>. CAAs are allowed a limited amount of time to contact Healthy Families on the applicant's behalf (until the application is processed).

STEP 1: Getting Started

Application and Household Information

Please select all that apply:

Are you a member of the household? ☒ Yes ☐ No

Are there other members in the household?

- ☒ Adult(s) age 19 or older
- ☒ Child(ren) younger than age 19
- ☒ Pregnant Women

APPLICANT AND HOUSEHOLD INFORMATION:

The primary informant, entered in the beginning of the application, must indicate if she or he is a member of the household.

You must indicate if there are other Adults, Children, or Pregnant Women in the same household. The One-e-App system has the intelligence to create separate family budget units, so that separate family units from the same household may be entered on the same application if you wish. One-e-App then sends separate applications to each program.

Program Application: APPLICATION PROCESS

STEP 2: Your Household

Tell us about yourself

First Name
Middle Name
Last Name
Suffix
Do you use any other names? ☐ Yes ☒ No

Homeless? ☐ Yes ☒ No
Are home and mailing address the same? ☒ Yes ☐ No

Home Address (do not use PO Box)
Delivery Type
Street Number
Prefix
Street Name
Post Direction
Unit Type and Number
City
State
Zip SPA : 4
County

Email
Home Phone
Cell Phone
Work Phone x
Message/Emergency Phone x

What language do you speak best?
What language do you read best?

Tell us more about Nancie Rigetti

Is this person applying for health care coverage? ☒ Yes ☐ No

Gender ☐ Male ☒ Female
Date of Birth

Place of Birth (Select first ONE that applies)
California County or
US State or
Other Country
Ethnicity

Marital Status
Spouse's First Name
Spouse's Middle Name
Spouse's Last Name
Spouse's Suffix

Generate Universal Summary **Next**

PRIMARY INFORMANT

Enter the applicant's name, and demographic information.

Carefully select the language preference to ensure that Notification documents are sent in the language of choice. Currently, One-e-App has notification letters in English and Spanish. Any other language is defaulted to English.

If the client is applying for Medi-Cal, this choice should ensure that all notices are sent in the appropriate language.

You are required to click on the "verify" button to validate the address with the U.S. Postal Service before you can continue.

Indicate whether the applicant or informant is applying for health care coverage for herself or himself.

Program Application: APPLICATION PROCESS

STEP 2: Your Household

Adult(s): Nancie Rigetti

Tell us about the adult(s) in the household 

Is this person applying for health care coverage? ☒ Yes ☐ No

First Name Middle Name Last Name Suffix

Do you use any other names? ☐ Yes ☒ No

Gender ☒ Male ☐ Female Date of Birth 

Place of Birth (Select first ONE that applies)
California or County
US State or Other Country

Ethnicity

What is this person's relationship to you? Marital Status

Spouse's First Name Spouse's Middle Name Spouse's Last Name Spouse's Suffix

Are there any more Adult(s) in the household? ☐ Yes ☒ No

OTHER ADULTS

Indicate if the other adults are applying for health care coverage.

Whenever you see a green link, called a hyperlink, it is a shortcut to adding information that already has been provided.

Enter the next adult's name, and demographic information.

If there are no more adult(s) in the household, check *no*.

THINGS TO CONSIDER

Remember that any adult who needs Medi-Cal coverage quickly for medical expenses in the last three months or for a medical need should apply directly with a DPSS worker (see **Resources**).

One-e-App does NOT submit Medi-Cal applications for adults at this time unless pregnant.

Program Application: APPLICATION PROCESS

STEP 2: Your Household

Adult(s): Nancie Rigetti, Charlie Rigetti

Tell us about the child(ren) in the household

Is this person applying for health care coverage? ☐ Yes ☒ No

First Name: Janie
Middle Name:
Last Name: Montoya
Suffix: Select One

Do you use any other names? ☐ Yes ☒ No

Gender: ☐ Male ☒ Female
Date of Birth: 05 / 05 / 1990

Place of Birth (Select first ONE that applies)
California County: Select One or
US State: Select One or
Place of Birth (Select first ONE that applies)
California County: Select One or
US State: Select One or
Other Country: Mexico

Ethnicity: Hispanic

SSN (Optional) ☐ Yes ☒ No
SSN/Pseudo SSN (Optional)
What is this person's relationship to you? Child

Marital Status: Never Married
Spouse's First Name:
Spouse's Middle Name:
Spouse's Last Name:
Suffix: Select One

Spouse's Middle Name:
Spouse's Last Name:
Suffix: Select One

Generate Universal Summary
Report a Bug/Make a Suggestion
View Current Session Contents
Application ID: 200633300054

Next

CHILDREN

Indicate if the child named is applying for health care coverage.

Enter the child's name, demographic information and place of birth.

The child's Social Security Number is optional.

THINGS TO CONSIDER: Medi-Cal Deemed Eligible Infants

Babies born to a mother on Medi-Cal and who still reside with the mom do not need to have a Medi-Cal application submitted. The babies are "Deemed Eligible". **One** of the following methods for reporting the birth can be used until the infant is a year old, at which point the infant's income eligibility needs to be redetermined:

1. Call the mom's Eligibility Worker to report the birth; if she does not have her Eligibility Worker contact information, she can call **(877) 597-4777**.
2. The **MC 330, Newborn Referral Form**, can be filled out by an assistor, signed by a parent and faxed over to a central fax number **(213) 763-8666**. Including the mom's CIN, BIC or Social Security number on this form really helps! See resource section for copy of Newborn Referral Form.
3. A Child Health and Disability Prevention (CHDP) exam will also serve to report the birth, provided that the CHDP Pre-Enrollment Application form (DHS 4073) is correctly and completely filled out to match the mother's name and date of birth. Having the mom's CIN, BIC or SS number really helps!

Program Application: APPLICATION PROCESS

STEP 2: Your Household

Adult(s): [Nancie Rigetti](#), [Charlie Rigetti](#)
Child(ren): [Janie Montoya](#)

Tell us more about Janie Montoya's parents Notes

Mother's Information

Mother Living in the Home ☐ Yes ☒ No
Identity Known ☐ Yes ☒ No
Mother's First Name
Mother's Middle Name
Mother's Last Name
Suffix

Mother's Address

International or Rural Address ☐ Yes ☒ No
Address 1
Address 2
City
State
Zip

Father's Information

Father Living in the Home ☐ Yes ☒ No
Identity Known ☐ Yes ☒ No
Father's First Name
Father's Middle Name
Father's Last Name
Suffix

Father's Address

International or Rural Address ☐ Yes ☒ No
Address 1
Address 2
City
State
Zip

CHILDREN (continued)

Enter the child's parents' information and whether they are living in the home.

Hyperlinks are highlighted in green and can be used as a short cut to add information that was previously given.

For example: [Father's Information](#) has a hyperlink. By clicking on the link you can pre-populate the information without retyping it.

THINGS TO CONSIDER:

Information on the absent parent is required in Medi-Cal in order for the custodial parent, not the child, to receive benefits. There are some exceptions to this rule for "good cause", such as when there is a belief of threat to the custodial parent or to the child's well-being by the absent parent (see **Resources**).

The child's eligibility is not affected if the custodial parent refuses to provide this information for any reason. Information on the absent parent should not be requested for a pregnant woman if she is the custodial parent until after the 60 day postpartum period.

Program Application: APPLICATION PROCESS

STEP 2: Your Household

Adult(s): Nancie Rigetti, Charlie Rigetti
Child(ren): Janie Montoya

Tell us more about Janie Montoya  **Notes**

Does Janie Montoya have Medi-Cal? ☐ Yes ☒ No

Does Janie Montoya have other health, vision, or dental insurance? ☐ Yes ☒ No

Does Janie Montoya currently have employer paid insurance? ☐ Yes, covered now
☐ Not now, but during the past 90 days
☒ No

Is Janie Montoya enrolled in the California Children Services program? ☐ Yes ☒ No

Has Janie Montoya ever applied for Healthy Kids before? ☐ Yes ☒ No

Are there any more children in the household? ☒ Yes ☐ No

CHILDREN (continued)

Enter the child's other health care coverage, if any.

THINGS TO CONSIDER:

Answering yes to any of the above questions does not mean that the child will be denied health care coverage.

If the families have health insurance that they pay for themselves, it should not cause a Medi-Cal or Healthy Families denial.

You can have other health coverage and still qualify for Medi-Cal. With dual coverage, the other insurance pays first and Medi-Cal becomes the secondary coverage.

You can have Share of Cost Medi-Cal, dental or vision coverage and still be eligible for Healthy Families or Healthy Kids.

Employer Paid Insurance in the last 90 days does not always disqualify the child; exceptions include: lost job, company no longer provides benefits, family has moved and no insurance is available, and COBRA coverage has ended.

Providing information about California Children Services will alert the other health program about the need for care coordination for the child.

Program Application: APPLICATION PROCESS

STEP 2: Your Household

Household Summary Notes

Please make any necessary changes.

To remove a person from the application, check the box next to that person's name and click the 'Remove' button below.

Adult(s)

☐ Nancie Rigetti *

☐ Charlie Rigetti *

Child(ren)

☐ Janie Montoya *

☐ Martin Rigetti *

* Applying for coverage

To add additional household members, select Yes for Adult(s) and/or Child(ren) and click the Next button below.

Are there any more adult(s) in the household? ☐ Yes ☒ No

Are there any more child(ren) in the household? ☐ Yes ☒ No

Remove

Annotations: A line points from the 'Remove' button to the text 'You can modify information for a person by clicking on person's name.' Another line points from the 'Remove' button to the text 'You can add or remove someone from the Household by clicking on the box next to the name of the person being removed and clicking remove.' A third line points from the 'Remove' button to the text 'The system will display an alert if relationships entered are not consistent with the information already entered on the household screen.'

You also have the ability to add a child or an adult that was not added by clicking on the Yes button. You will then be navigated to a screen where you can enter the missing child or adult's information.

HOUSEHOLD SUMMARY

Once you have completed the household section you will be navigated to a summary page of all the information you just provided.

Review the Household Summary to ensure that all the family members appear on this screen.

You can add or remove someone from the Household by clicking on the box next to the name of the person being removed and clicking *remove*.

You can modify information for a person by clicking on person's name.

The system will display an alert if relationships entered are not consistent with the information already entered on the household screen.

The household summary screen will look slightly different when the Primary Informant does not live in the household.

Household Summary Notes

Please make any necessary changes.

To remove a person from the application, check the box next to that person's name and click the 'Remove' button below.

Primary Informant

☐ Ana luna

Adult(s)

No matching records were found.

Child(ren)

☐ Pretty Luna *

☐ Dark Luna *

Program Application: APPLICATION PROCESS

STEP 2: Your Household

Missy Smith

	Person Name	Person ID	Date Of Birth	Place Of Birth	Gender	Score
☐	Maria Smith	31900110345067	10/10/1970	Inyo	Female	71.25
☐	Mary Smith	31900057345062	4/19/1981	Inyo	Female	70.30

☐ The person is not known to One-e-App

Marky Mark

	Person Name	Person ID	Date Of Birth	Place Of Birth	Gender	Score
☐	Gary Mark	31900099311064	1/1/1976	Lake	Male	73.80

☐ The person is not known to One-e-App

Carol King

	Person Name	Person ID	Date Of Birth	Place Of Birth	Gender	Score
No matching records were found.						

☐ The person is not known to One-e-App

Next you will be moved to clear other people listed in the household.

Applications in Progress

Applicant Name	Date Of Birth	Created By	Creation Date	Application ID	Person ID	Score
Carey Grant	1/1/2000	Sarah Boehm	11/16/2006	200631900368	31900014321065	51.50

Name: Carey Grant
Gender: Male
Date of Birth: 01/01/2000
Place of Birth: Belize
Other Names:

Other Persons in the Household: Jorge Cook , Frederico Cook , Scott Cook , Fred Cook , Sirya Cook , Carey Grant

PERSON CLEARANCE

The One-e-App System will conduct another match with the information that was entered in order to minimize duplicate records.

If multiple records are found (applications with the same first and last name), you can point your cursor on the name of the client. That will provide you with additional information specific to that case to help determine if it is a duplicate record. If a duplicate record is found (an application started for your applicant at a different agency), you can provide unique information, like a Social Security Number of anyone in the household. That will give you and anyone in your agency the ability to access and submit that application.

Select the individual from the list OR if the right person is not found, select the circle below the box that says, "The person is not known to One-e-App". Repeat these steps for each individual. At this point the system assigns a Person Identification Number.

A Person Identification Number is a Unique Identifier for each individual that can assist you in locating an individual in the One-e-App system.

To learn more about **Unique Identifiers**, refer to the **Menu** Section **Conduct Application Search**.

Program Application: APPLICATION PROCESS

STEP 2: Your Household

Household Person Details



Person details for the application are summarized below.

Adult(s)

Name	Date of Birth	Person ID	Applying for Coverage
Nancie Rigetti	2/2/1970	31900003333063	Yes
Charlie Rigetti	3/3/1970	31900004333062	Yes

Child(ren)

Name	Date of Birth	Person ID	Applying for Coverage
Janie Montoya	5/5/1990	31900005333061	Yes
Martin Rigetti	6/6/1999	31900006333060	Yes

HOUSEHOLD PERSON DETAILS

The system will then provide another Household Summary which includes Date of Birth, Person ID and an indication if the person is applying for coverage.

Pregnant Persons in the Household



Please indicate if anyone in the household is pregnant.

Pregnant	Name	Due Date	No. of Babies Expected
☒	Nancie Rigetti	04 10 2007	1
☐	Janie Montoya		Select

The One-e-App system will list all females of childbearing age in the household (broadly).

You will need to indicate if each female is pregnant, and if so, include the due date and number of babies expected.

The number of babies expected will increase the family size: if twins, the family size will increase by two.

THINGS TO CONSIDER:

Pregnant women with income over 200% of the Federal Poverty Level who are less than 30 weeks pregnant may be eligible for the Access for Infants and Mothers (AIM) program (see **Resources**).

One-e-app does NOT submit applications for AIM. See resource section for information on obtaining an AIM application.

STEP 2: Your Household

Adult(s): Nancie Rigetti, Charlie Rigetti
Child(ren): Janie Montoya, Martin Rigetti

Household Relationships for Charlie Rigetti  Notes

Charlie Rigetti is of Janie Montoya
Charlie Rigetti is of Martin Rigetti

HOUSEHOLD RELATIONSHIPS

The system will then prompt you to select the correct relationship between household members. This helps to create family budget units for Medi-Cal.

Adult(s): Nancie Rigetti, Charlie Rigetti
Child(ren): Janie Montoya, Martin Rigetti

Household Relationships for Janie Montoya  Notes

Janie Montoya is of Martin Rigetti

Program Application: APPLICATION PROCESS

STEP 3: Household Income

Tell us about Nancie Rigetti's Income Notes

Income Type	Frequency	Amount	Gross Monthly Amount
Earnings from job	Monthly	\$1,700.00	\$1,700.00

Employer Name: I Watch Your Kids
Employer City: Los Angeles
Employer Telephone Number: 213 252 2222

Does Nancie Rigetti have any more income? ☐ Yes ☒ No

THINGS TO CONSIDER:

If the family's income will increase or decrease within the next few months, explain on a separate sheet of paper that will be faxed with documentation (see **Checklist** on Fax Cover Sheet for each program).

Income Deeming Rules; income is deemed (or "counts") ONLY from

- Legally married spouse to spouse
- Biological/adopted parent to child.

Child Support is income for the child, not the parent.

In this section you will provide the income information for each of the household members.

The system requires you to choose income type from a pull-down menu.

It will automatically generate a sample of a Self-Affidavit form when you choose earnings from a job or cash income. The applicant must provide this affidavit handwritten unless there is a physical or literacy issue that prevents doing so.

In cases where applicants are not able to handwrite their income affidavit, it may be written by someone other than the applicant and must include that person's printed name and signature as a witness.

In case no paycheck proof exists you may choose to use the affidavit (see next page).

Employer information

Including employer information is optional and should only be included if you have the family's permission. Employer information is NOT required for a self-affidavit. It implies permission to call the employer and some clients might have concerns about such calls. You can access the sample income Affidavit when you are on the Household Income Summary screen on the next page.

Program Application: APPLICATION PROCESS

STEP 3: Household Income

Household Income Summary 

Nancie Rigetti Self Affidavit of Income Letter

	Income Type	Frequency	Amount	Gross Monthly Amount
☐	Earnings from job	Monthly	\$1,700.00	\$1,700.00

Charlie Rigetti Self Affidavit of Income Letter

	Income Type	Frequency	Amount	Gross Monthly Amount
☐	Earnings from job	Every 2 Weeks	\$850.00	\$1,841.95

Janie Montoya

	Income Type	Frequency	Amount	Gross Monthly Amount
No matching records were found.				

Martin Rigetti

	Income Type	Frequency	Amount	Gross Monthly Amount
No matching records were found.				

Once you have completed the Household Income section you will be navigated to a summary page of the household income.

Carefully review the income, ensure it has been inputted correctly and make any changes needed.

If no other income verification is available, click on the sample, **Self-Affidavit of Income Letter**. The applicant must handwrite the income affidavit unless there is a physical or literacy issue that prevents them from doing so.

If an applicant is unable to handwrite the income affidavit, it may be written by someone else, but that person must have his/her printed name and signature on the affidavit as a witness.

 Remove  Generate Universal Summary  **Sample Profit and Loss Statement**  Next

Report a Bug/Make a Suggestion
Application ID: 200717000059

Clicking on the *Sample Profit and Loss Statement* will generate three useful forms:

- Sample Profit and Loss Statement
- Blank Profit and Loss Statement
- How Healthy Families Calculates Income sheet.

**PROFIT & LOSS STATEMENT
(EXAMPLE ONLY)**

ABC Landscaping Company
1000 First Street
Sacramento, CA 95814
(916) 555-1234

January 2006		February 2006		March 2006	
Total Income	\$5,000	Total	\$2,000	Total Income	\$4,000
Expenses:		Expenses:		Expenses:	
Car	\$ 200	Car	\$ 200	Car	\$ 200
Equipment	\$1,000	Equipment	\$1,000	Equipment	\$ 300
Repair	\$ 300	Repair	\$1,100	Repair	\$ 100
Advertising	\$ 300	Advertising	\$ 300	Advertising	\$ 300
Depreciation	\$ 100	Depreciation	\$ 0	Depreciation	\$ 0
Meals & Entertain.	\$ 100	Meals & Entertain.	\$ 0	Meals & Entertain.	\$ 0
Cash Draw	\$1,000	Cash Draw	\$1,000	Cash Draw	\$1,000
Total Expenses	-\$3,000	Total Expenses	-\$3,600	Total Expenses	-\$1,900
Net Income:	\$2,000	Net Income:	-\$1,600	Net Income:	\$2,100

Program Application: APPLICATION PROCESS

STEP 3: Household Expenses

Nancie Rigetti's Care Expenses 

Please enter any care expenses or support payments paid by Nancie Rigetti

Person Cared For	Care Expenses	Frequency	Amount Paid
None	-----Select One-----	-----Select One-----	

Gross amount billed to Nancie Rigetti is \$

Does Nancie Rigetti have any more expenses? ☐ Yes ☒ No

In this section you will provide information on any care expenses, such as child care, adult dependent care or child support payments made by each adult, from the pull-down menus provided.

Household Care Expense Summary 

Person Cared For Name	Monthly Amount Billed
No matching records were found.	

Person Cared For Name	Monthly Amount Billed
No matching records were found.	

Once you have completed the **Household Care Expenses** section you will be navigated to a summary page of all the information entered.

Carefully review the expenses or payments included and make any changes needed.

To change any expenses, click on the person's name.

Program Application: APPLICATION PROCESS

STEP 4: Other Information

Additional Household Information 

Does any child listed on this application attend a school or preschool? ☒ Yes ☐ No

School Name

☒ Janie Montoya 

☒ Martin Rigetti 

If the child listed on the application attends a school or preschool you will be prompted to select a school from the list. **This information is optional.**

Additional Household Information 

Has anyone filed a lawsuit because of an accident or injury on behalf of the child(ren) and/or pregnant woman you are applying for? ☐ Yes ☒ No

Do you or the child(ren) you are applying for want to apply for Medi-Cal coverage for any unpaid expenses in the last 3 months? ☐ Yes ☒ No

Is there more than one car in the household of those you are applying for? ☒ Yes ☐ No

Is there more than \$3,150 cash in bank accounts in the household of those you are applying for? ☐ Yes ☒ No

The last two questions on this screen are optional and will not affect your eligibility, but are included to help the state to get additional federal money to pay for health care programs. They are also asked on the joint MC 321 Medi-Cal/Healthy Families application.

THINGS TO CONSIDER

The questions on this screen will provide additional household information.

If Medi-Cal ends up covering medical services that are required because of an accident or injury, Medi-Cal's costs may be taken out of a lawsuit settlement if the client receives money.

Medi-Cal may be able to help pay for medical expenses the client incurred (paid or was billed for) in the three months before the date of applications. Healthy Families does not provide any retroactive coverage. Even if the applicant appears to be income eligible for Healthy Families, he/she can request retroactive Medi-Cal coverage that may have a Share of Cost.

Any adult who needs Medi-Cal coverage quickly for medical expenses in the last three months or for a medical need should apply directly with a DPSS worker (see **Resources**).

Program Application: APPLICATION PROCESS

STEP 5: Preliminary Eligibility Determination

Preliminary Eligibility Determination 

To see which programs or coverages the applicant(s) may potentially be eligible for, click the Calculate button below. This is only a preliminary determination. The application is NOT being submitted at this point.

Calculate 

PRELIMINARY ELIGIBILITY DETERMINATIONS

When you click on the Calculate icon, you will receive a Preliminary Determination of the programs for which the client(s) may be eligible, based on the information entered.

The Preliminary Eligibility results will list all the programs for which your client may be eligible in One-e-App.

- Medi-Cal for children (under 19) and pregnant women
- Healthy Families
- Healthy Kids
- CHDP

Preliminary Eligibility Results 

Based on the information you have provided, the following members in your household may be eligible for the following programs.

Preliminary Eligibility for Programs		
Opt Out	Person Name	Program Name
☐	Janie Montoya	CHDP
☐	Martin Rigetti	CHDP

CHDP Periodicity Schedule

In addition to the programs listed above, you or members of your household may be eligible for additional programs. It will be necessary to collect some additional information for the people in the table below to determine their preliminary eligibility.

Potential Eligibility for Additional Programs	
Person Name	Program Name
Nancie Rigetti	Medi-Cal for Children and Pregnant Women
Janie Montoya	Healthy Kids or Medi-Cal for Children and Pregnant Women
Martin Rigetti	Healthy Families or Healthy Kids

Print CHDP Referral 

CHDP Referrals

Based on these results, your client may choose to make a CHDP appointment for medical need, or for a required exam for school entrance, sports or camp physical. If so, click on the icon to print the CHDP Referral. The form will be pre-populated with demographic information provided during the interview. If the client needs a CHDP provider, call 1-800-993-CHDP (1-800-993-2437) or http://lapublichealth.org/cms/chdp/provider_finder.asp

Program Application: APPLICATION PROCESS

STEP 5: Eligibility Determination

Potential Eligibility for Additional Programs

You or members of your household may be potentially eligible for the programs in the table below. Eligibility will be based on the additional information you provide.

Preliminary Eligibility for Programs		
Opt Out	Person Name	Program Name
☐	Nancie Rigetti	Medi-Cal for Children and Pregnant Women
☐	Janie Montoya	Healthy Kids
☐	Janie Montoya	Medi-Cal for Children and Pregnant Women
☐	Martin Rigetti	Healthy Families
☐	Martin Rigetti	Healthy Kids

POTENTIAL ELIGIBILITY

This is the first preliminary eligibility page, and the list of programs for which the applicant maybe eligible.

This is done prior to including immigration status as a factor of eligibility, which is why multiple programs are listed.