

**APPLICATION FOR
MEDICAL ASSISTANCE**

Type of Assistance Requested: _____
Amount Requested: _____ **Date:** _____

APPLICANT INFORMATION:

Applicant's Name: _____ Social Security No: _____
AKA (also known as): _____ County of Residence: _____
Maiden Name (if applicable): _____ Date of Birth: _____
Address: _____
Telephone Number(s): Home _____ Cell _____ Work _____

Are there any other Social Security numbers that you have used in the past? Yes _____ No _____
If yes, please list those numbers: _____

Marital Status (Circle one): Married Separated Divorced Single Widowed

If married, give town, state and date of marriage: _____
If formerly married, list name of former spouse(s), date(s) of marriage, divorce, death or separation: _____

SPOUSE INFORMATION:

Spouse's Name: _____ Social Security No: _____
AKA (also known as): _____ County of Residence: _____
Maiden Name (if applicable): _____ Date of Birth: _____
Address: _____
Telephone Number(s): Home _____ Cell _____ Work _____

Are there any other Social Security numbers that your spouse has used in the past? Yes _____ No _____
If yes, please list those numbers: _____

SIGNIFICANT OTHER INFORMATION:

Full name: _____
AKA (Also known as): _____
Social Security Number: _____ Date of Birth: _____

PLEASE LIST ALL OTHER HOUSEHOLD MEMBERS:

Full Name: _____	SSN: _____	DOB: _____	Relationship: _____
Full Name: _____	SSN: _____	DOB: _____	Relationship: _____
Full Name: _____	SSN: _____	DOB: _____	Relationship: _____
Full Name: _____	SSN: _____	DOB: _____	Relationship: _____
Full Name: _____	SSN: _____	DOB: _____	Relationship: _____
Full Name: _____	SSN: _____	DOB: _____	Relationship: _____
Full Name: _____	SSN: _____	DOB: _____	Relationship: _____

Does anyone besides yourself claim you as a dependent on their income tax? _____

CITIZEN INFORMATION:

Are you a citizen of the United States? Yes _____ No _____
If not, what is your citizen status? _____
Are you a registered voter? Yes _____ No _____
If yes, where are you registered and in what County? _____
If you have children, where are they enrolled in school? _____

HISTORY OF RESIDENCE:

How long have you lived in Lake County? _____
Previous address: _____ County: _____
Did you / spouse/significant other move to Lake County for the purposes of medical care?
Yes _____ No _____
If yes, please explain: _____

MEDICAL INFORMATION:

Is there any third party coverage? A) Medicare B) Medicaid C) Veteran
D) Health Insurance E) Native American HIS
F) Other _____

Was your illness an emergency? Yes _____ No _____

If yes, date of emergency: _____

If yes, please explain: _____

If no, please list date of scheduled service: _____

Has the doctor authorized you to return to work?: Yes _____ No _____

If no, when is your anticipated date of return?: _____

Have you tried or have you been making reasonable payments to the hospital? Yes _____ No _____

What is the total bill? _____

What is the amount of your monthly payment? _____

How much have you paid on this bill? _____

Have you tried applying for Medicare, Medicaid, or SSI? Yes _____ No _____

If yes, which one have you applied for and what is the date of your application? _____

Are you in an appeal process with SSI? Yes _____ No _____

If yes, how many appeals have you made? _____

Have you gone before the judge with your appeal? _____

Are you a Native American: Yes _____ No _____

If you are a Native American, are you an enrolled tribal member? Yes _____ No _____

If yes, what tribe? _____

Are you a veteran? Yes _____ No _____

If yes, are you enrolled with the V.A. Hospital?: Yes _____ No _____

Were you a college student during the time of this illness or emergency? Yes _____ No _____

If yes, did you purchase the insurance plan offered through the school? Yes _____ No _____

LEGAL CLAIM INFORMATION:

Are you or your spouse currently involved in a lawsuit? Yes_____ No_____

If yes, briefly explain: _____

Please provide the name, address, and telephone number of the attorney handling the lawsuit:

Have you or your spouse ever been involved in a lawsuit? Yes_____ No_____

If yes, briefly explain: _____

Please provide the name, address, and telephone number of the attorney handling the lawsuit:

Settlement date, amount and terms: _____

Do you have pending workers' compensation claim? Yes_____ No_____

If yes, specify who the claim is against and the date of the incident: _____

Please provide the name, address, and telephone number of the attorney handling this claim:

Have you ever filed a workers' compensation claim?: Yes_____ No_____

If yes, specify who the claim was against and the amounts and terms of the settlement: _____

EDUCATION:

Are you a post secondary student? Yes_____ No_____

If yes, what school do you attend and the name of the town it is located in? _____

How much money are you receiving yearly from student loans? _____

When do you anticipate paying those loans back? _____

APPLICANT'S EMPLOYMENT INFORMATION:

Applicant's current employer: _____

Address: _____ Phone number: _____

Hourly pay rate: _____ Hours per week: _____

Date of employment: _____

Job description: _____

Is health insurance provided or offered? Yes_____ No_____

Date eligible: _____ Amount of premium: _____

Applicant's previous employer: _____

Address: _____ Phone number: _____

Hourly pay rate: _____ Hours per week: _____

Start and end dates of employment: _____ Why left? _____
Job description: _____
Was health insurance provided or offered? Yes _____ No _____
Date eligible: _____ Amount of premium: _____
If not employed, other sources of income and amounts: _____

EMPLOYMENT INFORMATION FOR SPOUSE OR SIGNIFICANT OTHER:

Spouse's or significant others' current employer: _____
Address: _____ Phone number: _____
Hourly pay rate: _____ Hours per week: _____
Job description: _____
Date of employment: _____
Is health insurance provided or offered? Yes _____ No _____
Date eligible: _____ Amount of premium: _____

Spouses' or significant others' previous employer: _____
Address: _____ Phone number: _____
Hourly pay rate: _____ Hours per week: _____
Job description: _____
Start and end dates of employment: _____ Why Left? _____
Was health insurance provided or offered? Yes _____ No _____
Date eligible: _____ Amount of premium: _____

If not employed, other sources of income and amounts: _____

FINANCIAL ASSETS AND RESOURCE INFORMATION:

Have you or your spouse/significant other been the beneficiary of an inheritance?
Yes _____ No _____
If yes, please specify: What was inherited: _____
The value of the inheritance: _____
The date of the inheritance: _____

Do you or your spouse/significant other anticipate receiving an inheritance?
Yes _____ No _____
If yes: The estimated amount: _____

Do you or your spouse/significant other anticipate receiving income from outstanding loans you have given?
Yes _____ No _____
If yes, please specify: Whom the loan was made to: _____
The amount of the loan: _____
The payment amount on the loan: _____
The repayment schedule: _____

Have you or your spouse/significant other received or anticipate receiving an IRS tax refund?
Yes _____ No _____
If yes, please specify: Amount of refund: _____
Date received or anticipated receipt: _____

Have you applied for Social Security Disability benefits?: Yes _____ No _____
 If yes, please specify: Date of application: _____
 Current status of the application: _____
 Pending appeals and hearings: _____

Have you ever received a lump sum from Social Security for retroactive pay?
 Yes _____ No _____
 If yes, please specify how much was received and date received. _____

Are you currently receiving any loans, grants, or stipends for living expenses (not tuition or books) while attending a post secondary school? :
 Yes _____ No _____
 If yes, please specify: The amount received: _____
 The time frame it covers: _____

PROPERTY VALUE OF HOME AND OTHER REAL PROPERTY:

<i>Property</i>	<i>Current Fair Market Value</i>	<i>Encumbrances</i>	<i>Equity Value</i>
House / Real Estate	-	=	
Vehicles	-	=	
Recreational Vehicles:	-	=	
Other (please list)	-	=	
Other (please list)	-	=	
Other (please list)	-	=	

Do you or your spouse/significant other currently own a business? Yes _____ No _____
 If yes, please specify: Name of the business: _____
 Location of business: _____
 Dates of ownership: _____
 Equity value of equipment, property and inventory: _____

Are you or your spouse/significant other currently a partner/silent partner in a business?
 Yes _____ No _____
 If yes, please specify: Name of the business: _____
 Location of business: _____

Have you or your spouse/significant other sold or transferred any property within the last 36 months or in the 36 months prior to the onset of this illness?
 Yes _____ No _____
 If yes, please explain: _____

Are you or your spouse/significant other involved in a contract for deed or lease situation either as a seller or a buyer?
 Yes _____ No _____
 If yes, please explain: _____

Foster Care:			
Salary and wages and tips			
Commissions & bonuses			
Disability Insurance payment			
Self-employment:			
Unemployment Benefits:			
Workers' Compensation:			
Vacation / Sick Leave:			
Retirement / Pensions			
Strike Benefits:			
Alimony:			
Child Support:			
Insurance Settlement:			
Insurance Face Value:			
Scholarships (after tuition/books)			
Loans & grants (after tuition/books)			
Interest and dividends			
Rents, royalties, investments			
IRS refund			

DECLARATION

I will supply all necessary information to support this application for county assistance.

I authorize a representative of the county to make all necessary inquiries to verify claims on my application.

I understand that the making of any false statement as to financial status or other required information in the above application with knowledge of such falsity, may be a crime in violation of SDCL 28-13-16.2.

I understand that, in accordance with SDCL 28-14, a lien will be filed against me and any personal property or real property that I now own, or have legal interest in, or may own in the future, for any assistance given to me by Lake County. I further understand that I am required by law to make repayments to Lake County for assistance given. Should there be no action made on repaying this lien, it will be subject to collection.

I understand that assigning or transferring any property at any time before or after making an application for poor relief for the purpose of becoming eligible for assistance, may be a crime in violation of SDCL 28-13-43.

I swear and affirm that the statements made herein are true and correct and I have provided all necessary documentation to validate my claim for county poor relief.

Applicant signature

Date

Co-applicant signature

Date

ACKNOWLEDGEMENT

STOP: *The signature(s) below requires a Notary Public. Your signature must be witnessed by a Notary. All adults in household must have notarized signature on this application. Notaries are available in the Lake County Courthouse, banks, law offices, etc.*

I, (We) the undersigned applicant or representative, declare and affirm under the penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief, is in all things true and correct. I further acknowledge that I may be prosecuted under the provisions of SDCL 28-13-16.2 if I sign this application knowing the information contained herein is false in whole or in part.

I (We) understand that, under the provisions of SDCL 28-14, a lien will be filed against me and any personal property or real estate that I now own or have a legal interest in or property that I may own in the future for assistance given me by the county. I further understand that I am required by law to repay the county for assistance given. Should there be no action made to repay this lien, it will be subject to collection.

Applicant: _____
Social Security Number: _____

Date of Birth: _____
Date of signing: _____

Spouse/Co-applicant: _____
Social Security Number: _____

Date of Birth: _____
Date of signing: _____

STATE OF SOUTH DAKOTA)
)ss
COUNTY OF LAKE)

NOTARY

Subscribed and sworn to before me, the undersigned officer, by the above named person(s) for the purposes therein contained.

Dated this _____ day of _____, 20 ____.

(S E A L)

Notary Public South Dakota
My Commission Expires: _____