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DHCS
California Department of HealthCareServices

Your destination for affordable, quality health care, including Medi-Cal

SINGLE STREAMLINED ONLINE APPLICATION WALKTHROUGH

October 10, 2014

CoveredCA.com is a joint initiative between Covered California and the California Department of Health Care Services

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Single Streamlined Application

- Simplified, Clearer Language
- Aligns with Paper Application
- Supports Open Enrollment 2015

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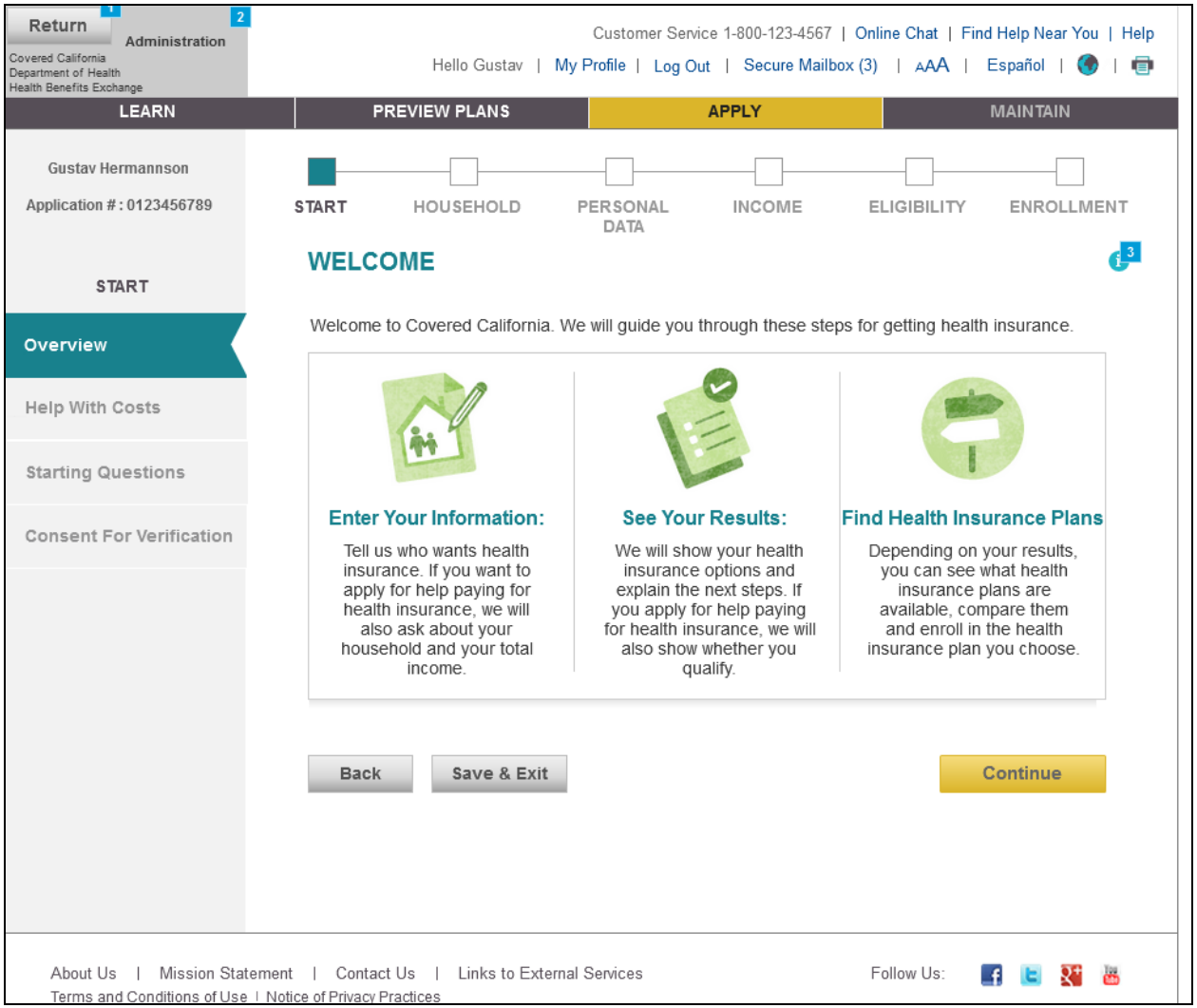

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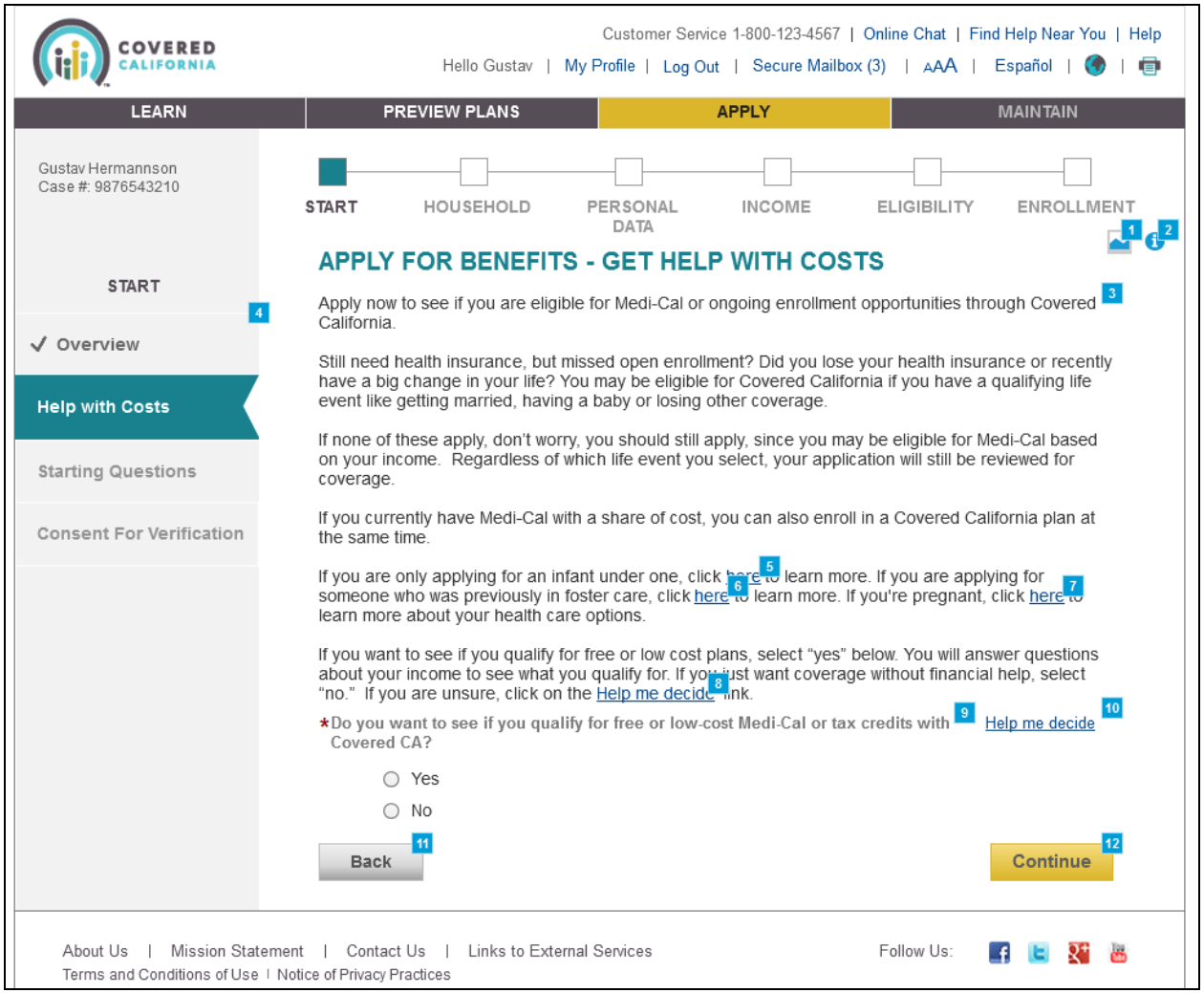

Single Streamlined Application

APPLYING FOR AN INFANT UNDER ONE

1

Are you only applying for an infant under age one?

You do not need to fill out this application to get health coverage for an infant under age one born to a mother who had Medi-Cal at the time of delivery.

If the mother was enrolled in Medi-Cal, contact your local county social services office to report the birth of the baby to begin Medi-Cal coverage. You can find your county social services office at http://www.dhcs.ca.gov/services/medi-cal/pages/countyoffices.aspx.

OK

Single Streamlined Application

Former Foster Care

1

Was this person in foster care in any state, county, or tribe on his or her 18th birthday or later? If yes, this person may qualify for free Medi-Cal until age 21 or 26, depending upon his or her particular case. Income does not matter. The fastest way for former foster youth to get on Medi-Cal is to contact the local social service office. Former foster youth can apply using a one-page form.

OK

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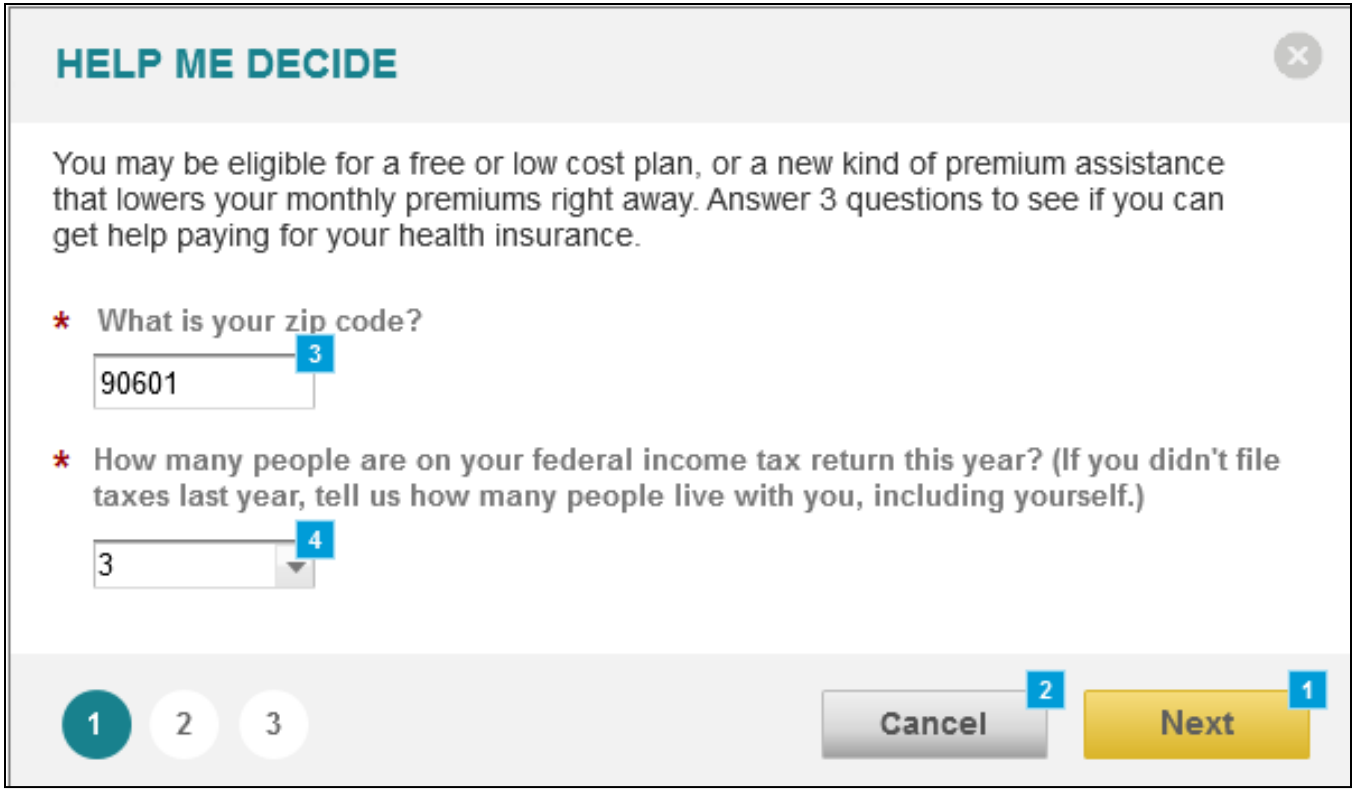

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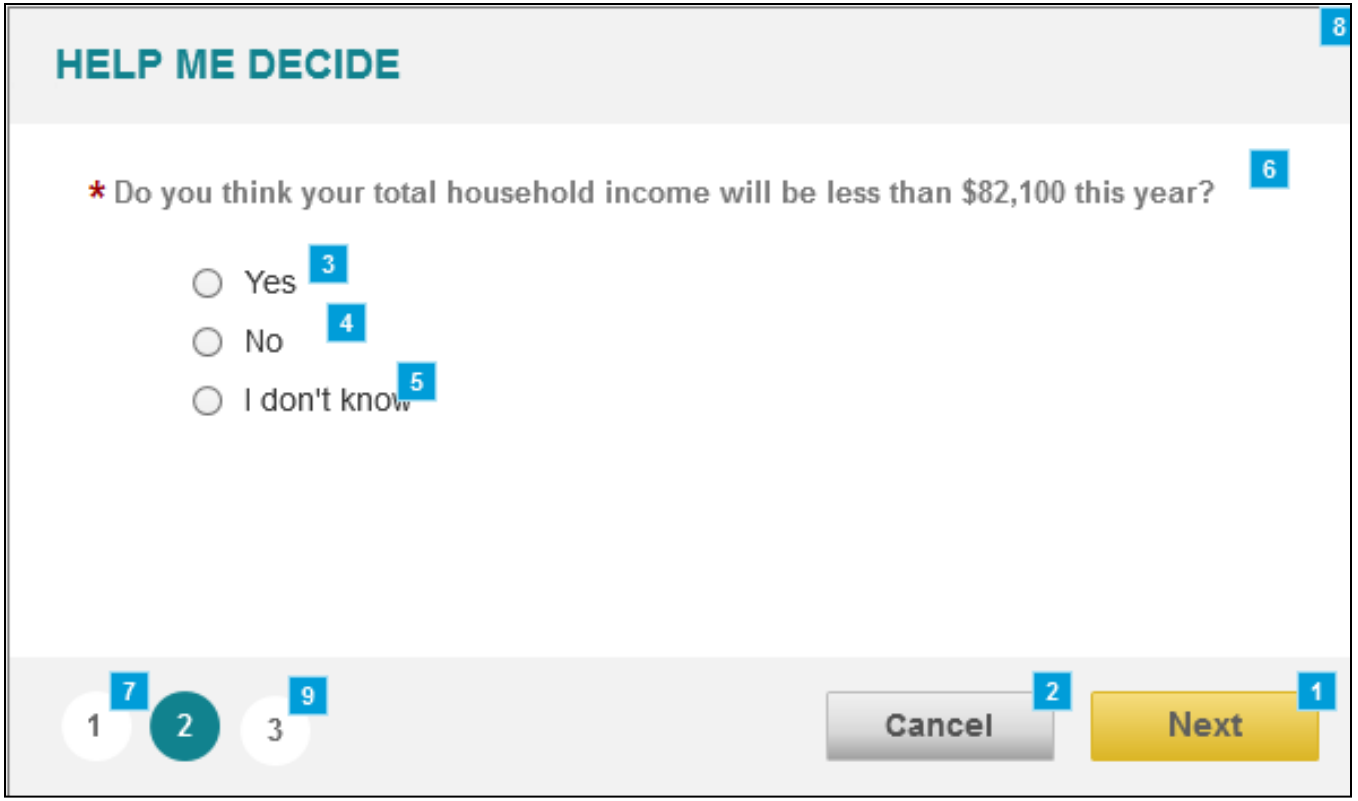

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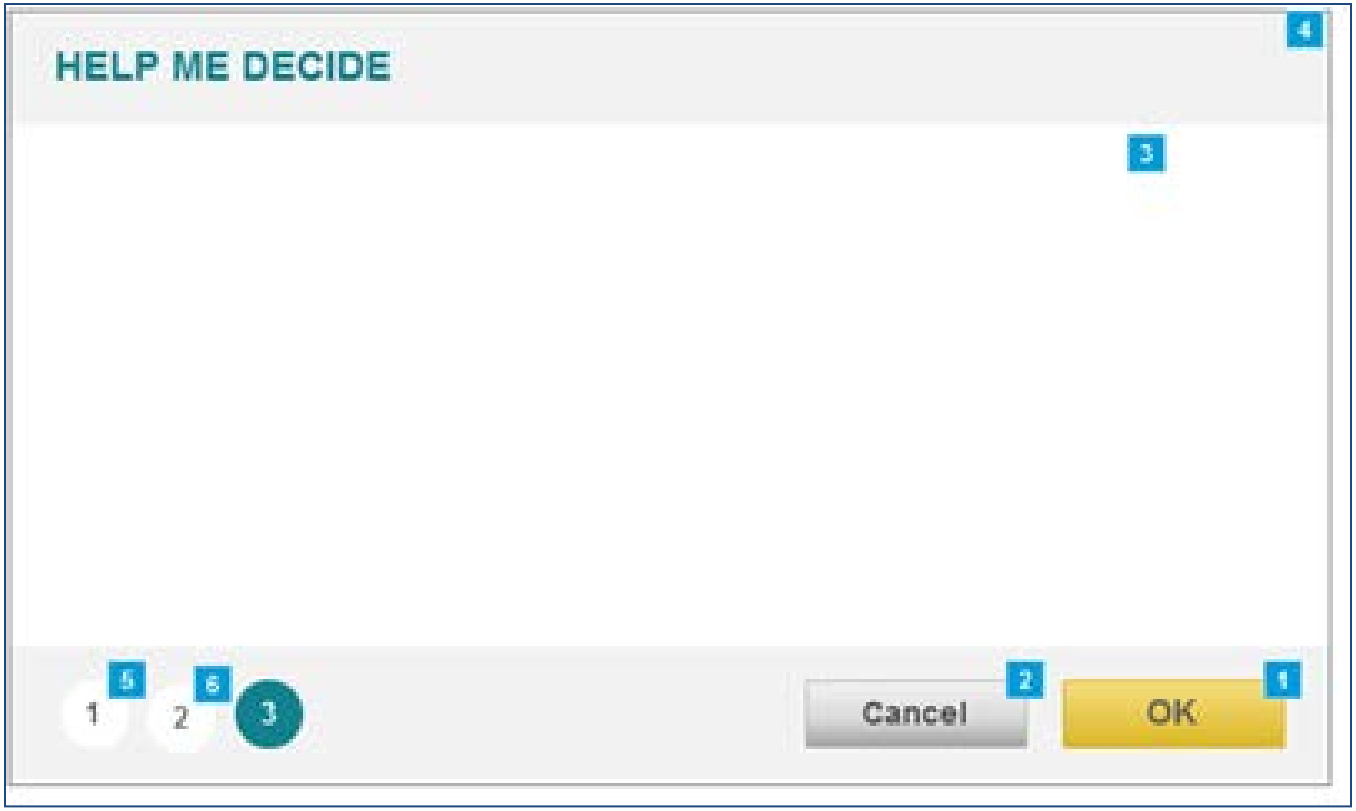

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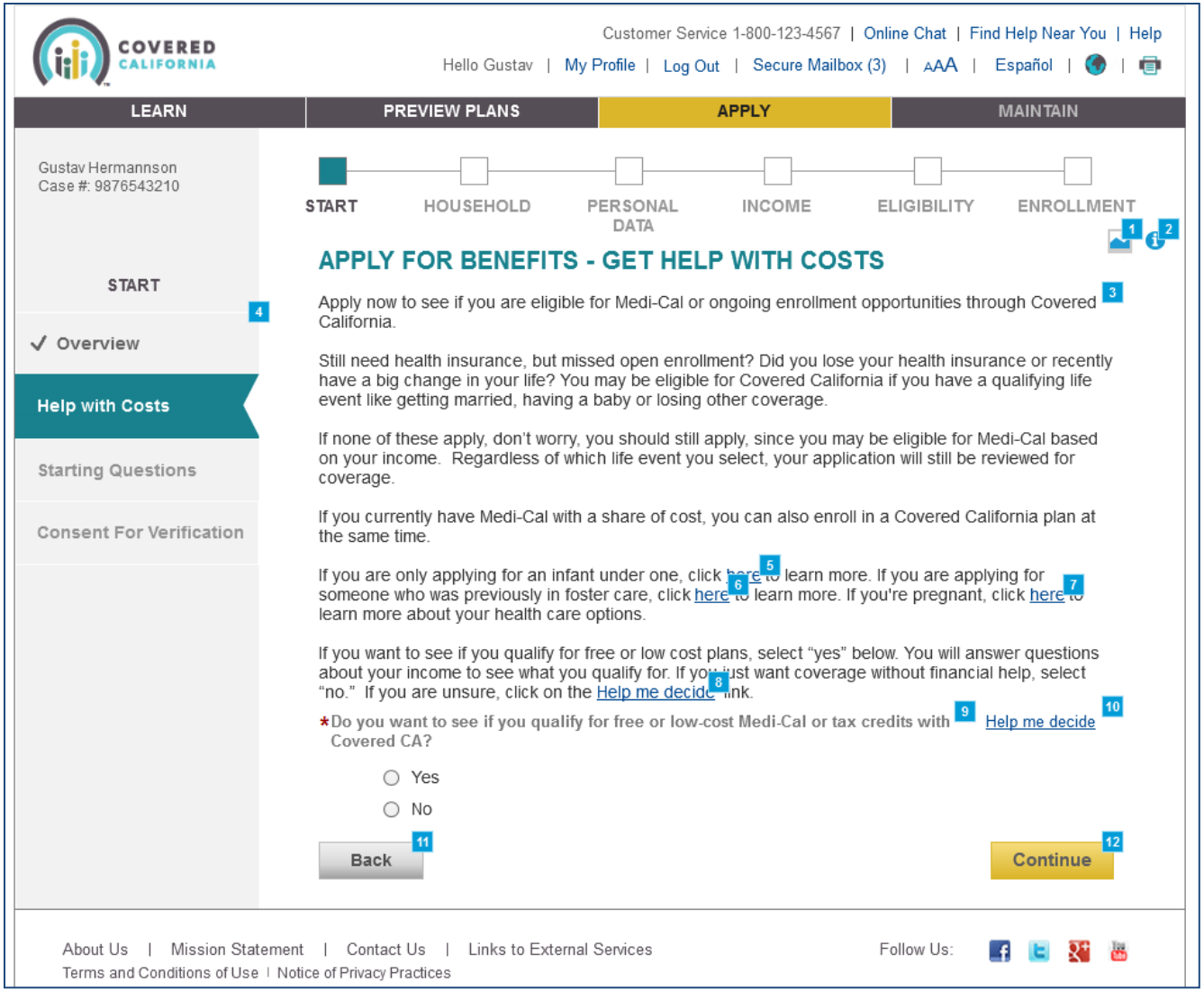

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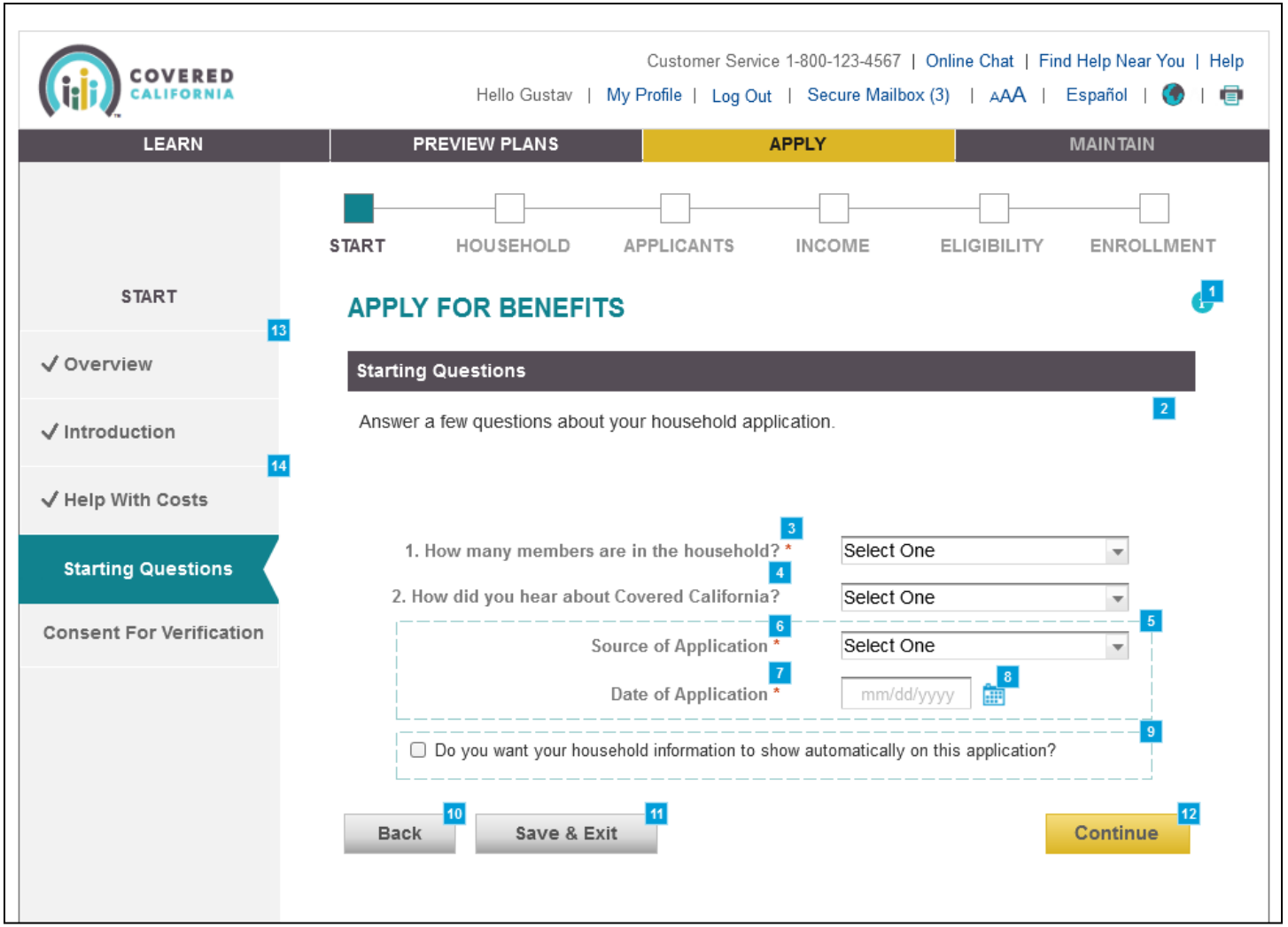

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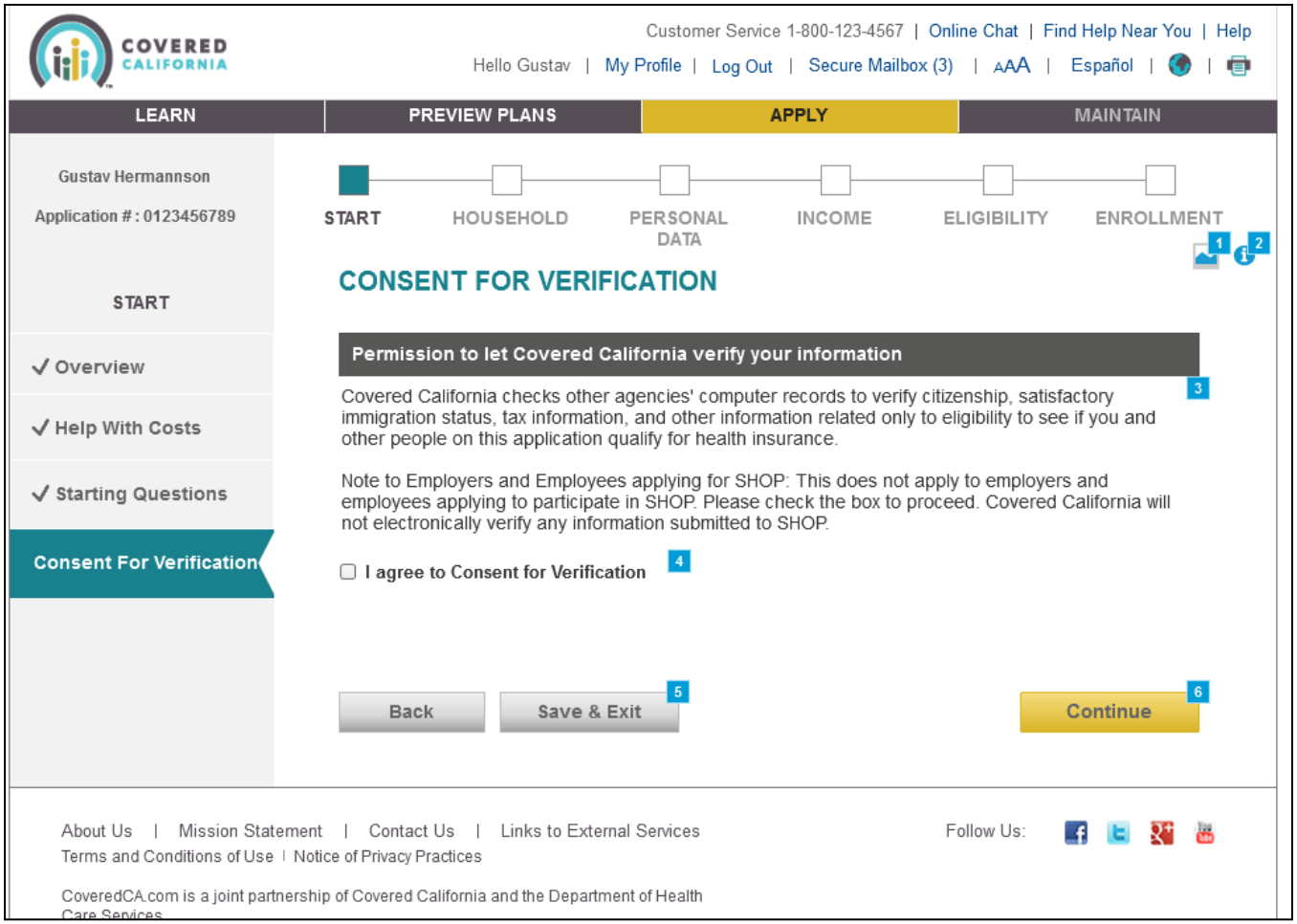

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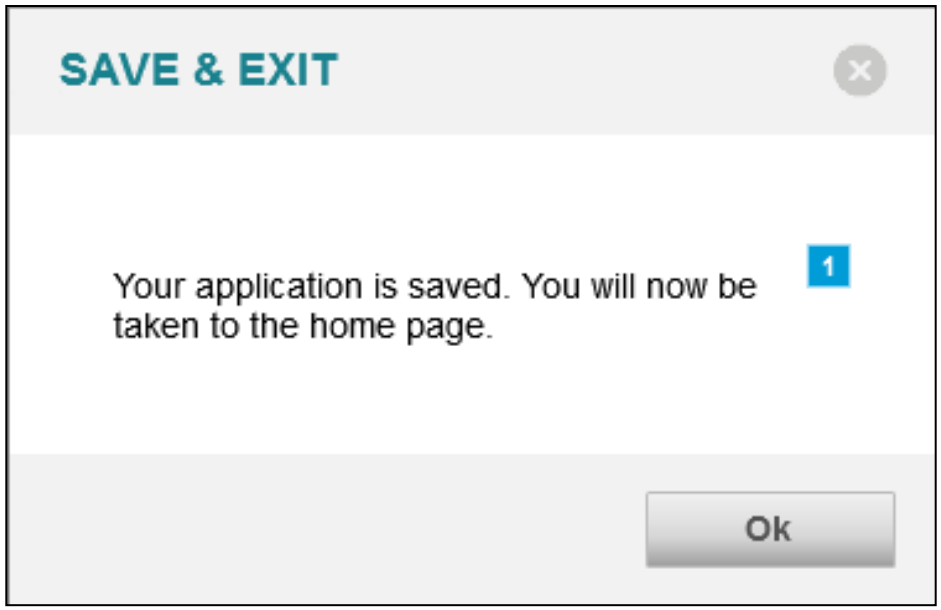

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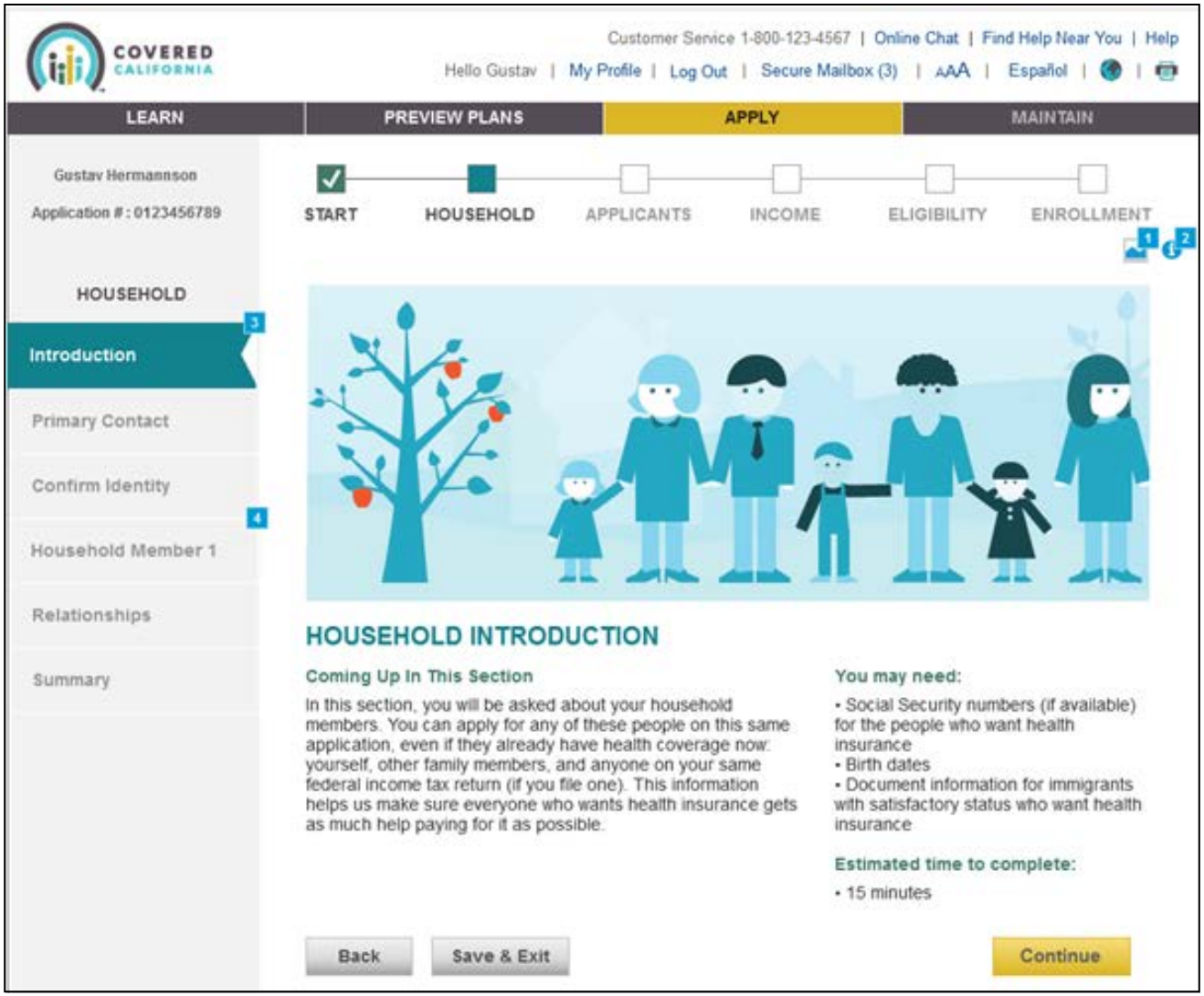

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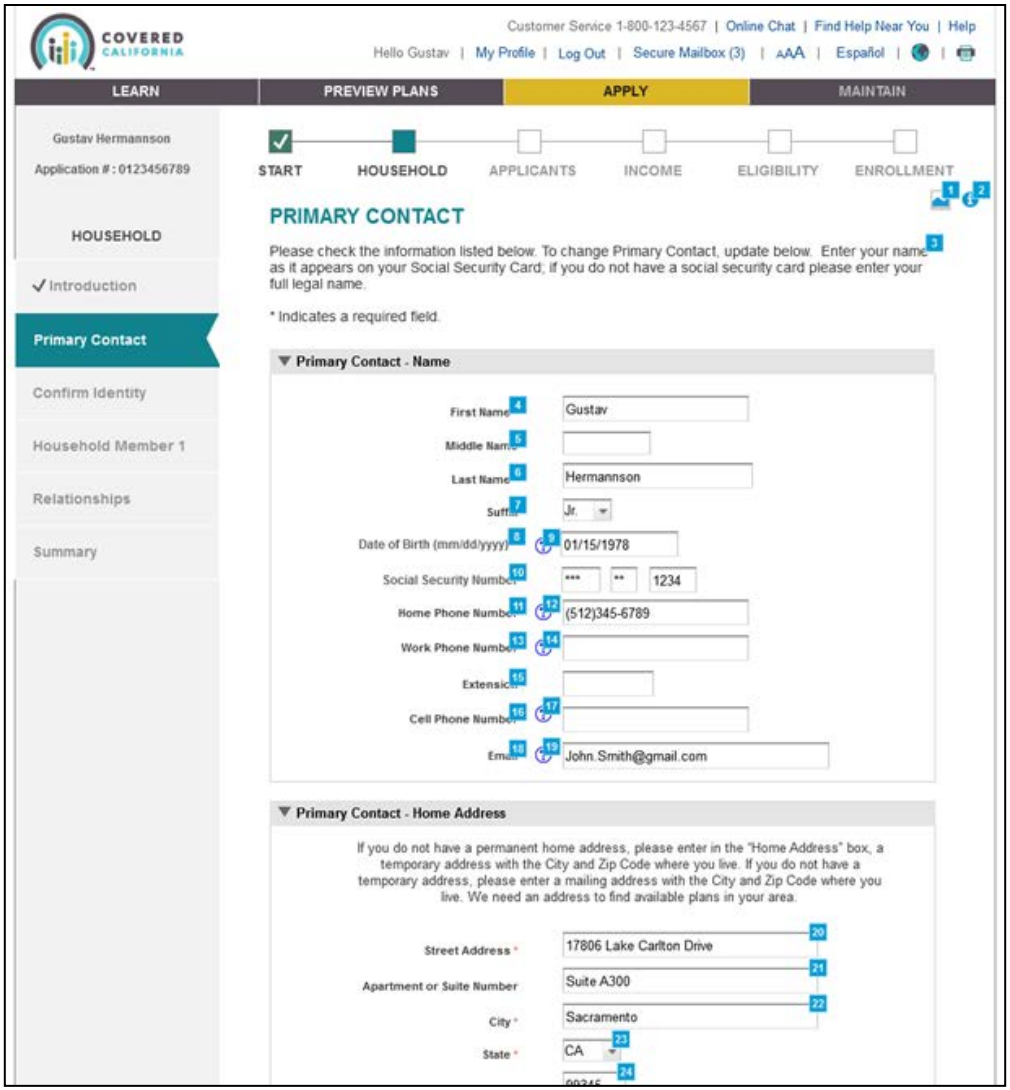

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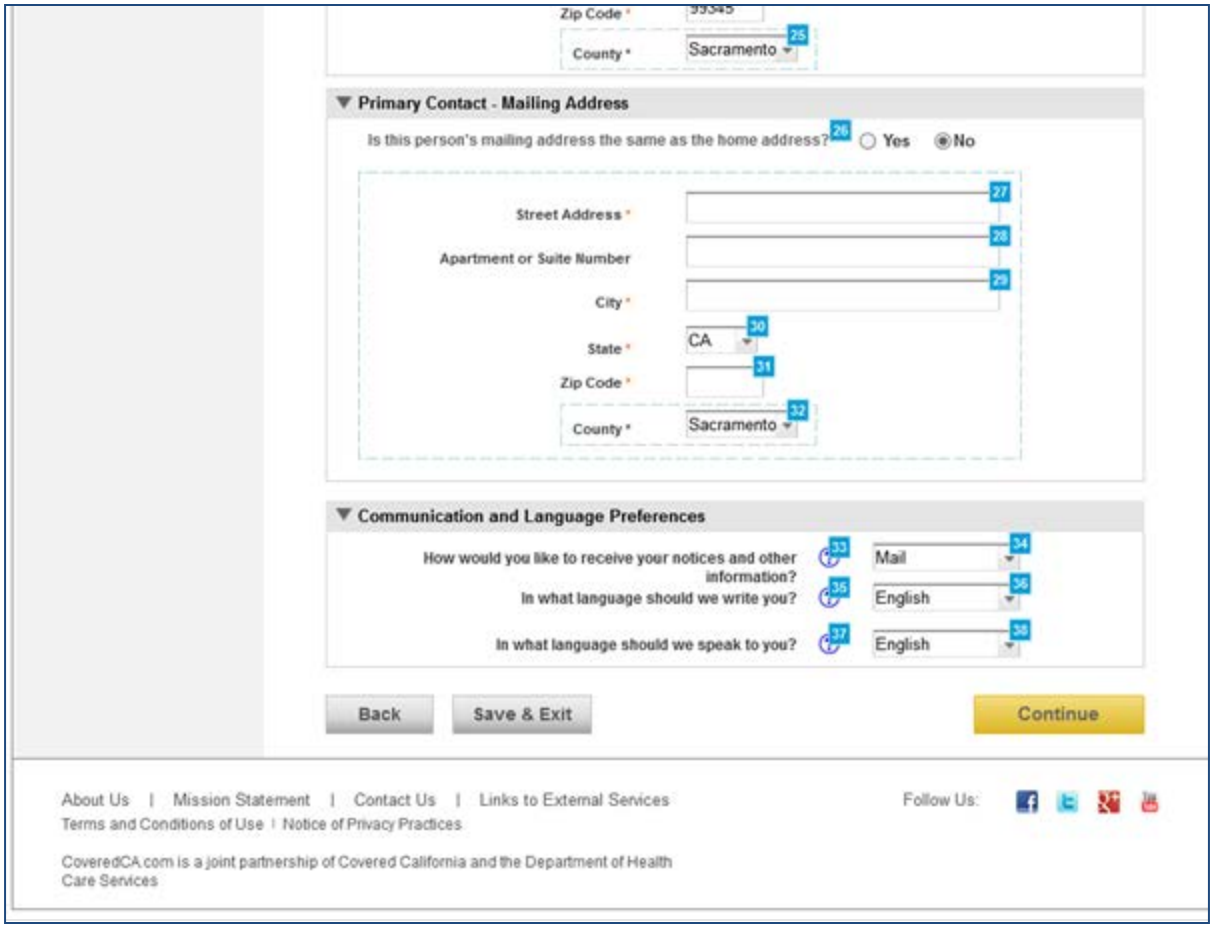

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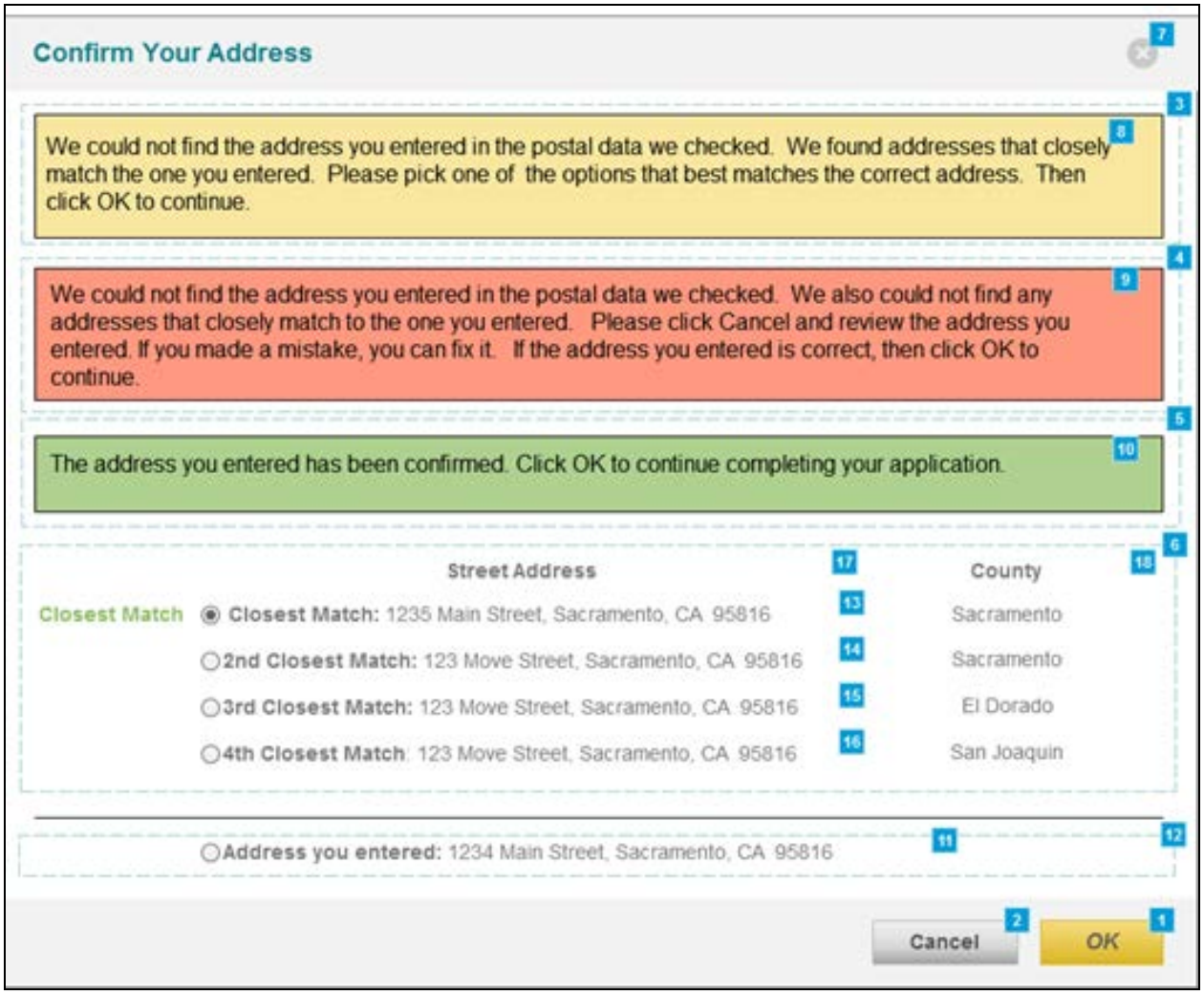

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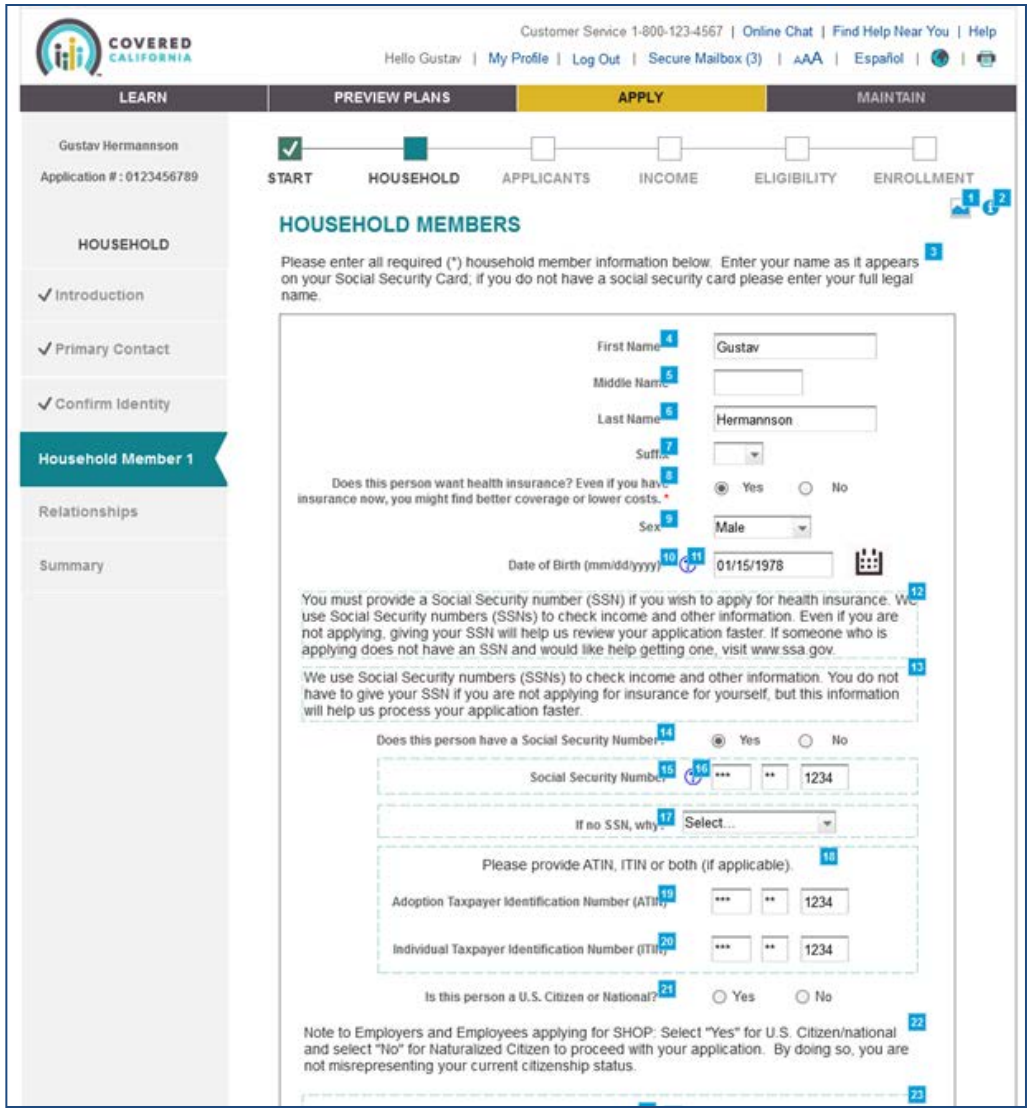

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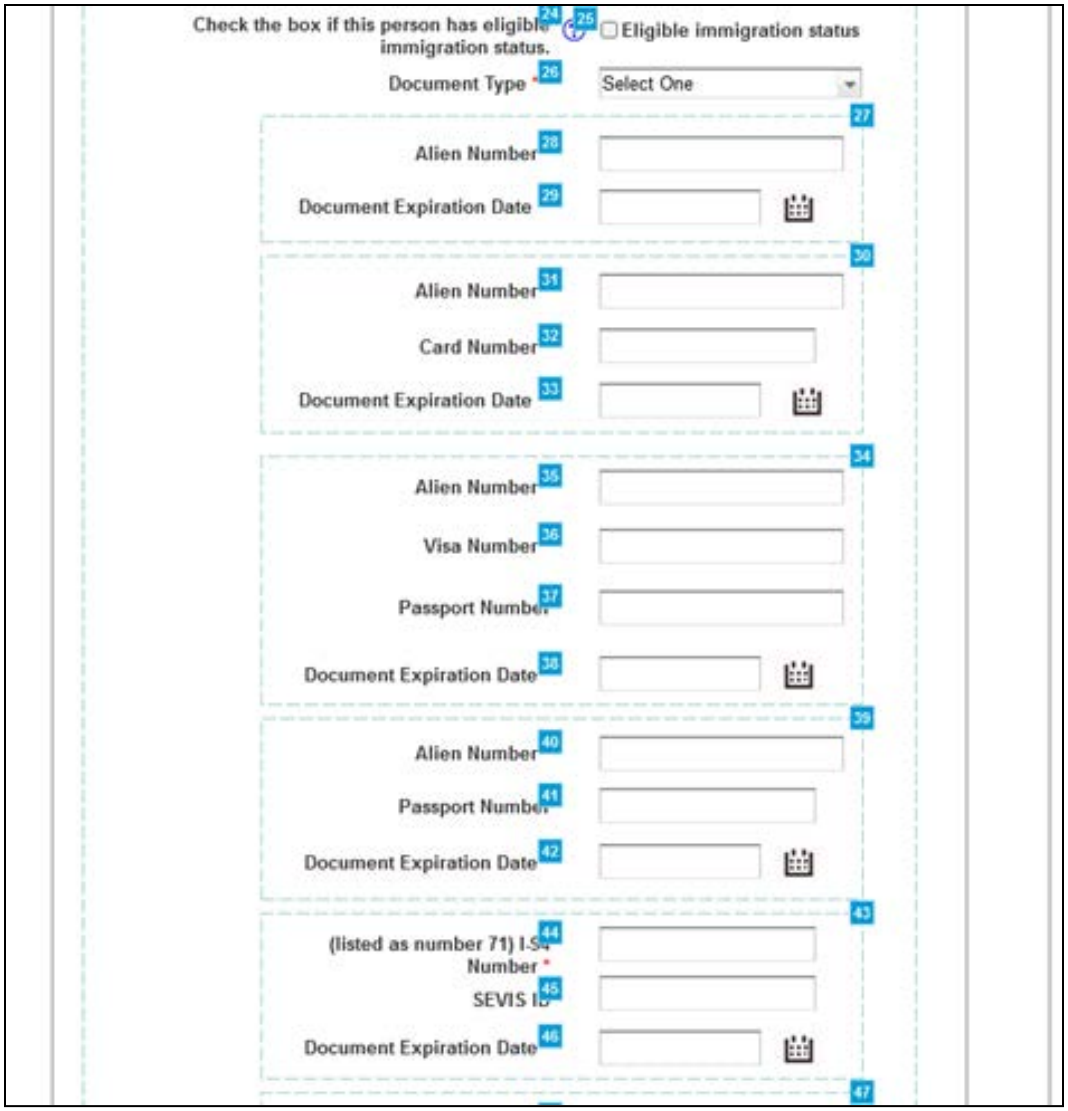

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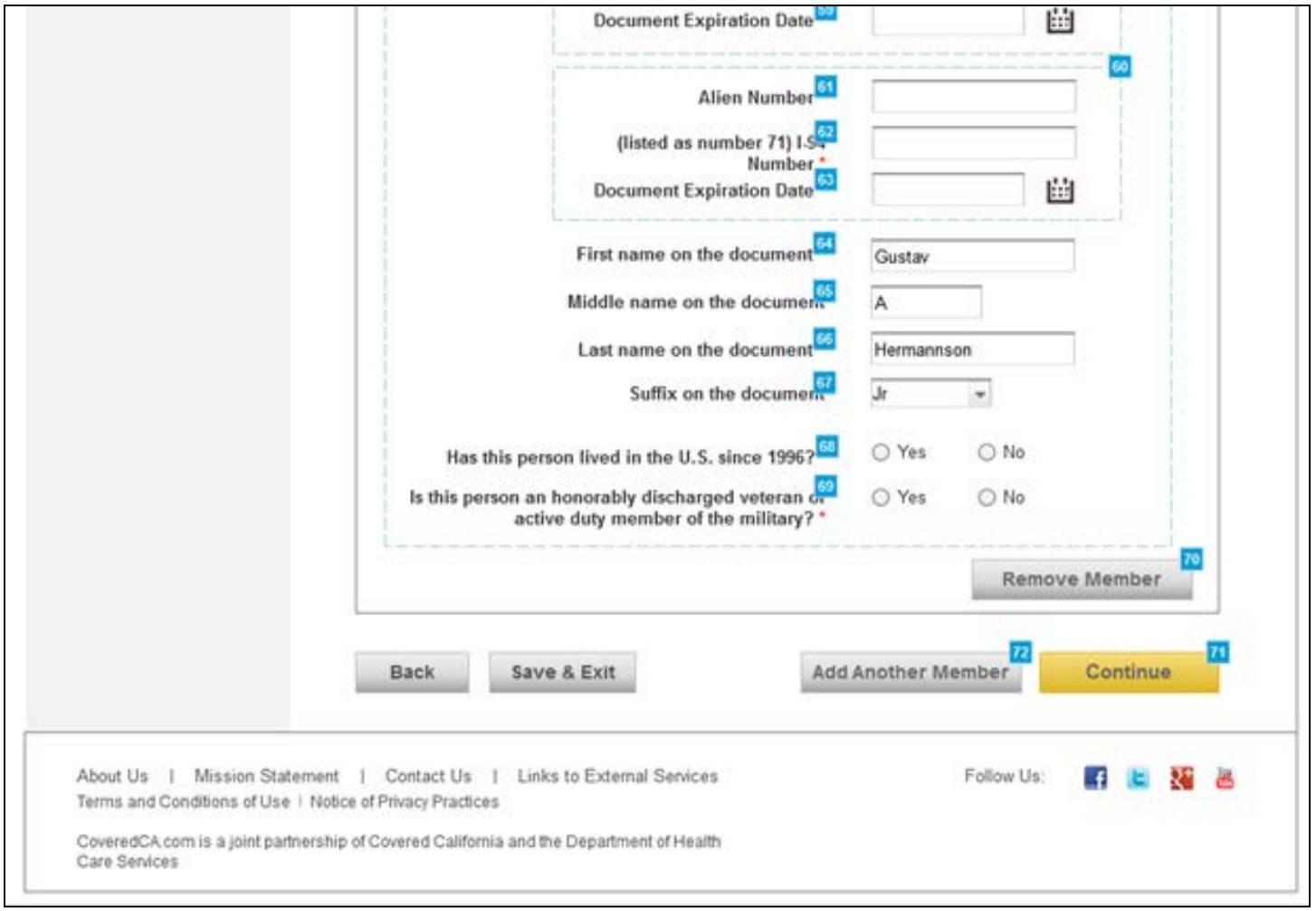

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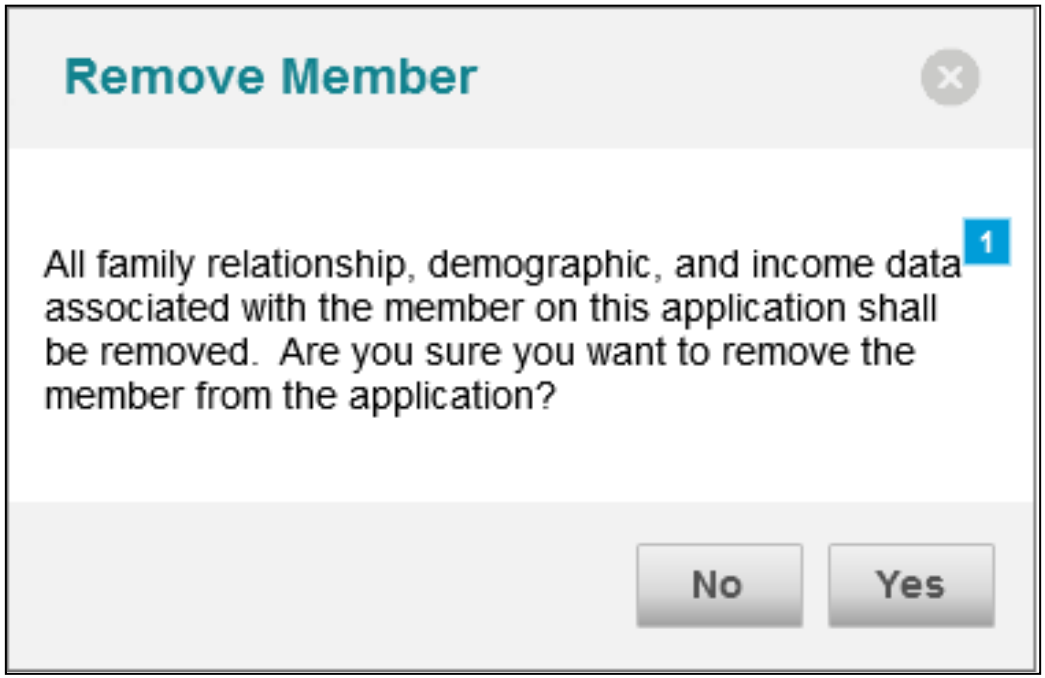

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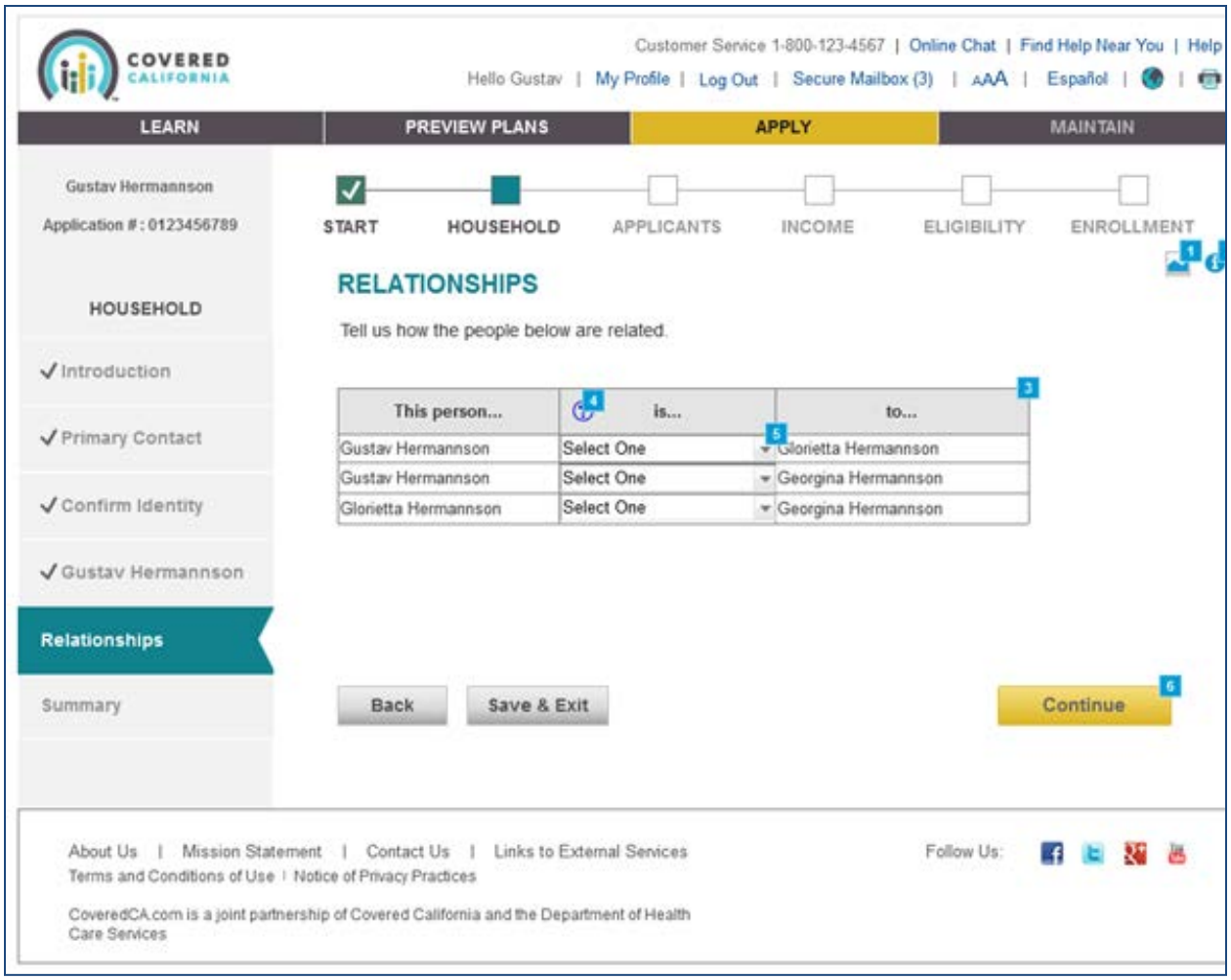

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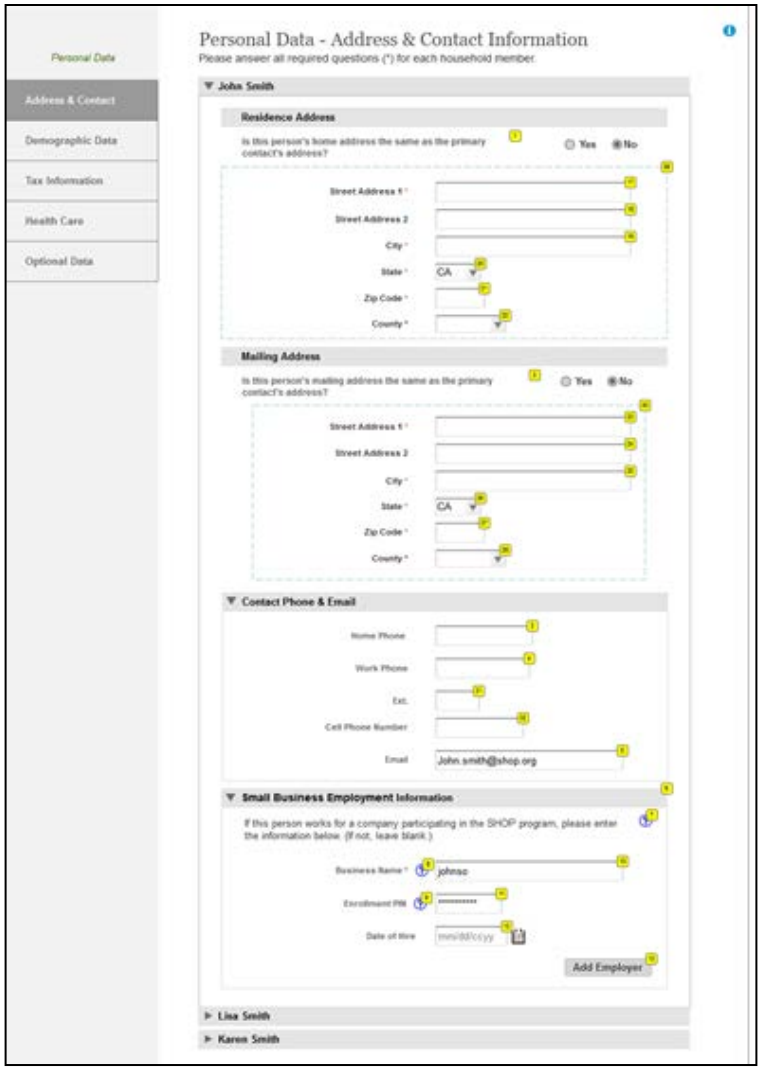

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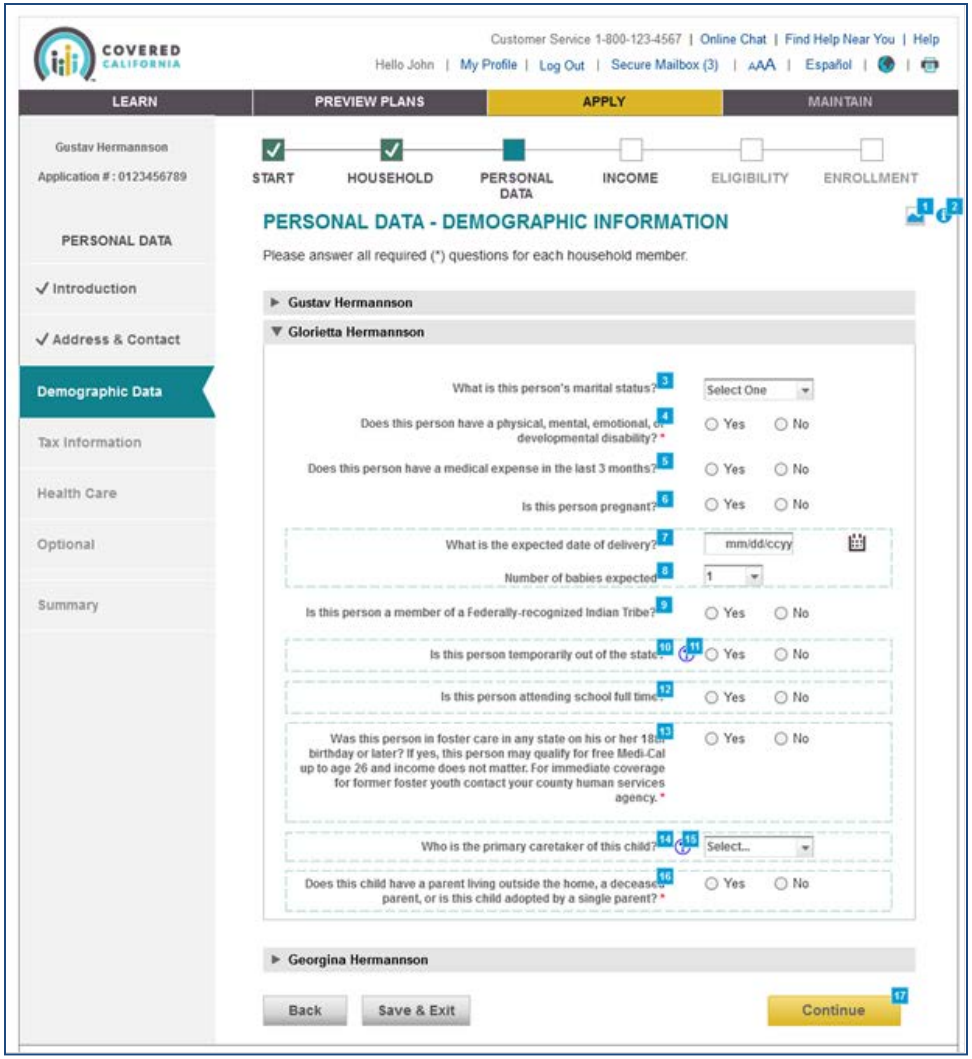

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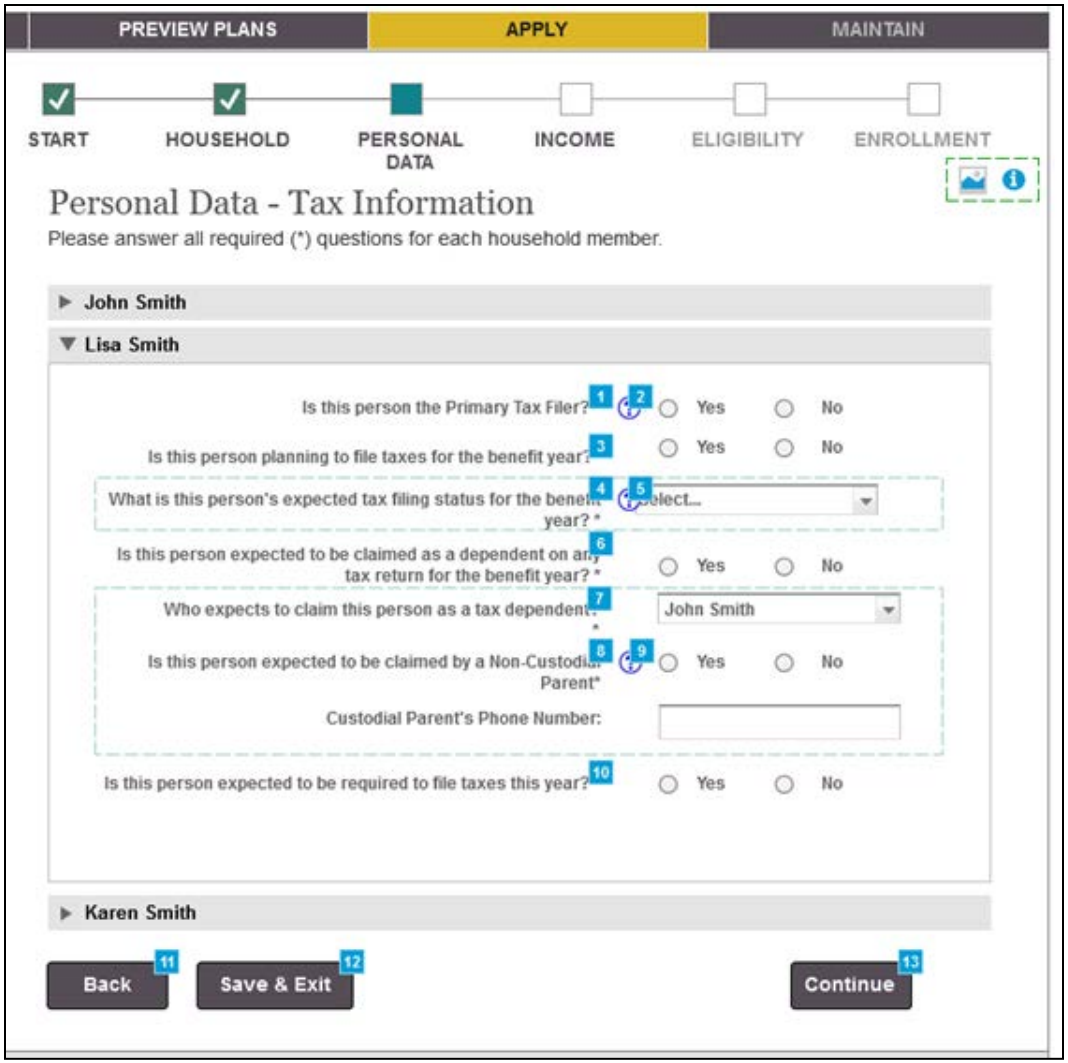

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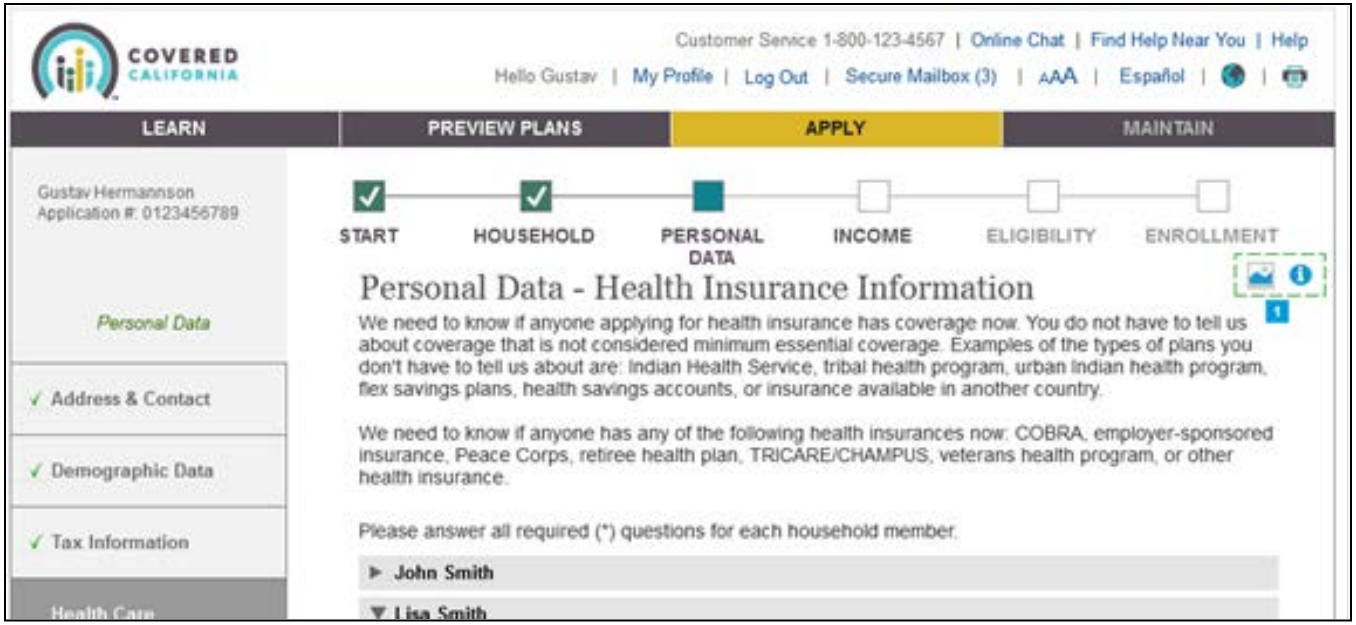

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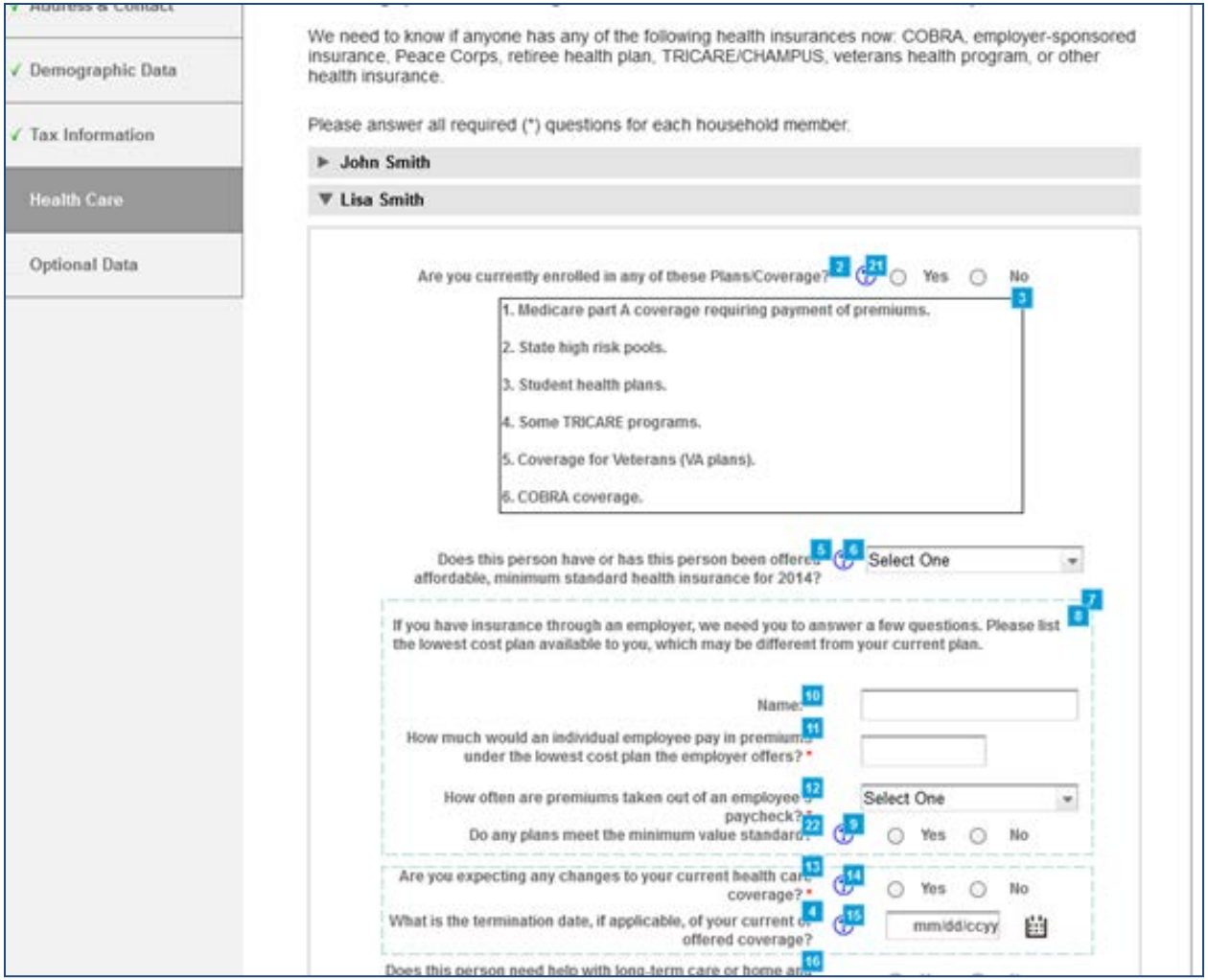

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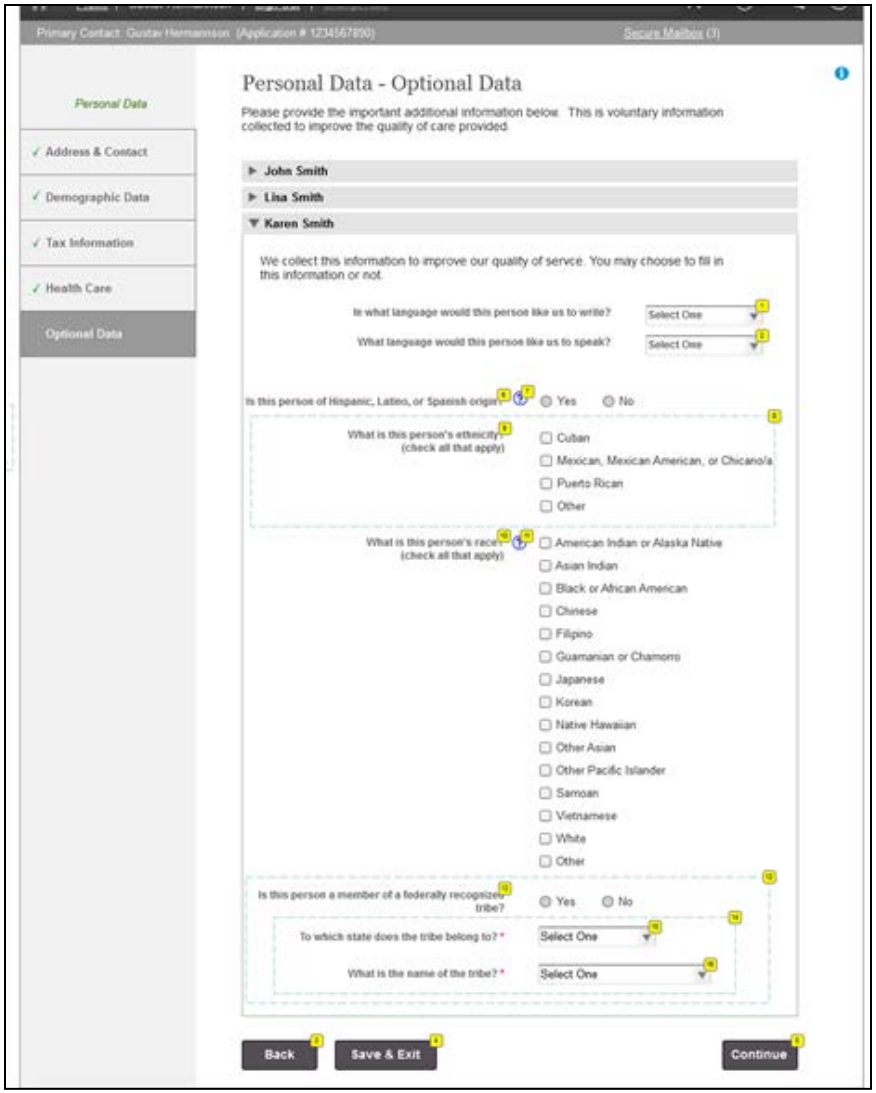

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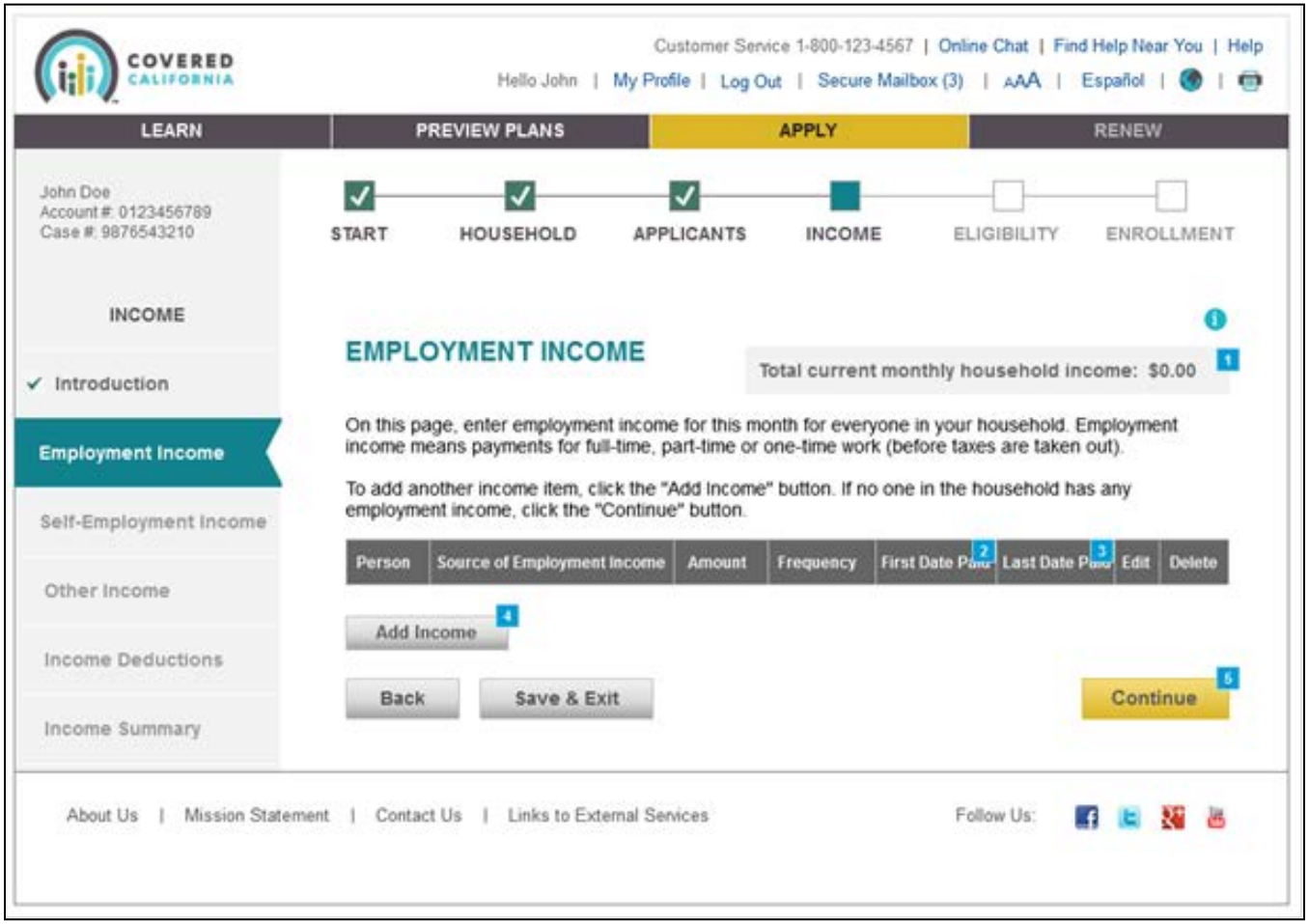

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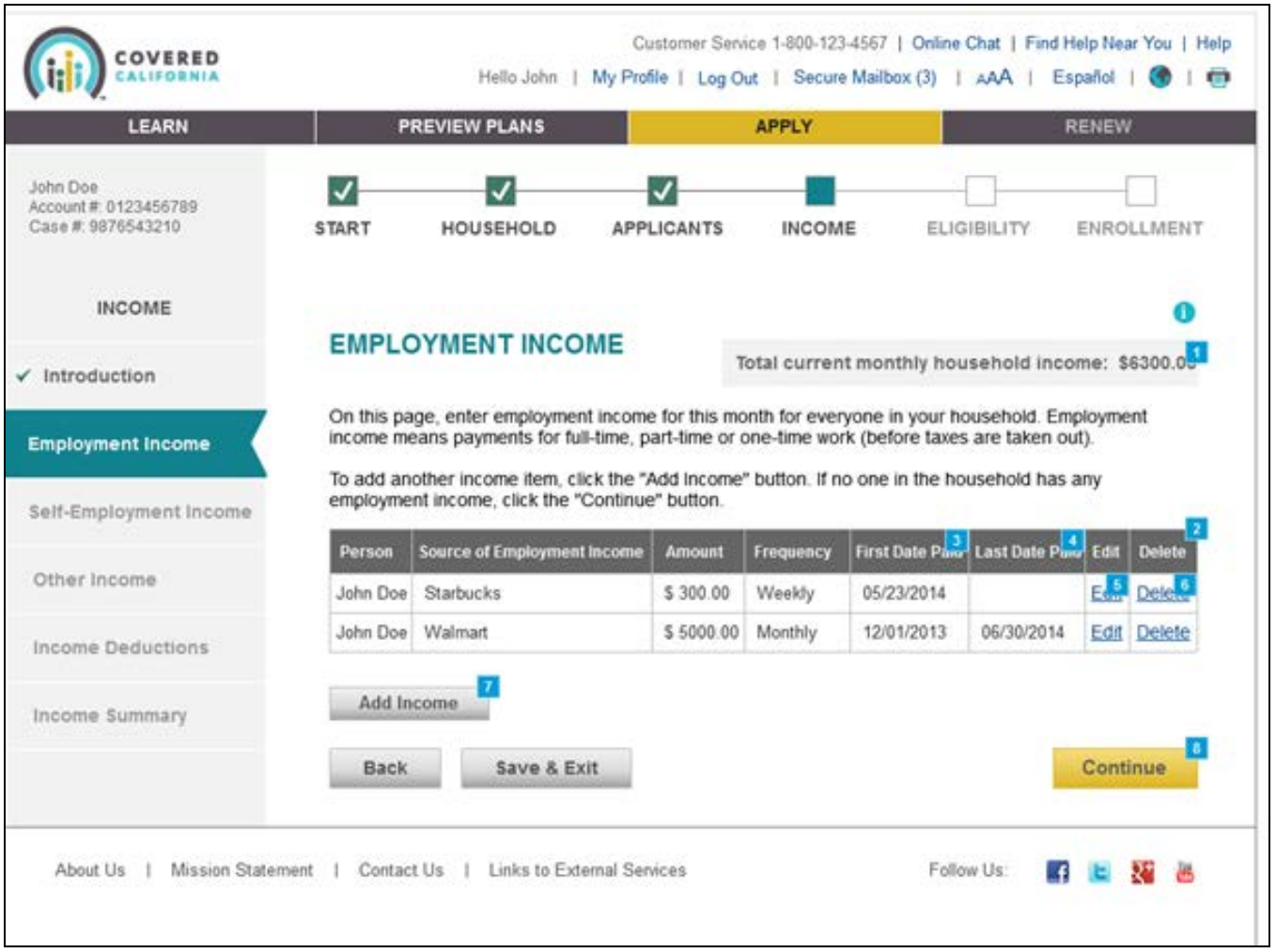

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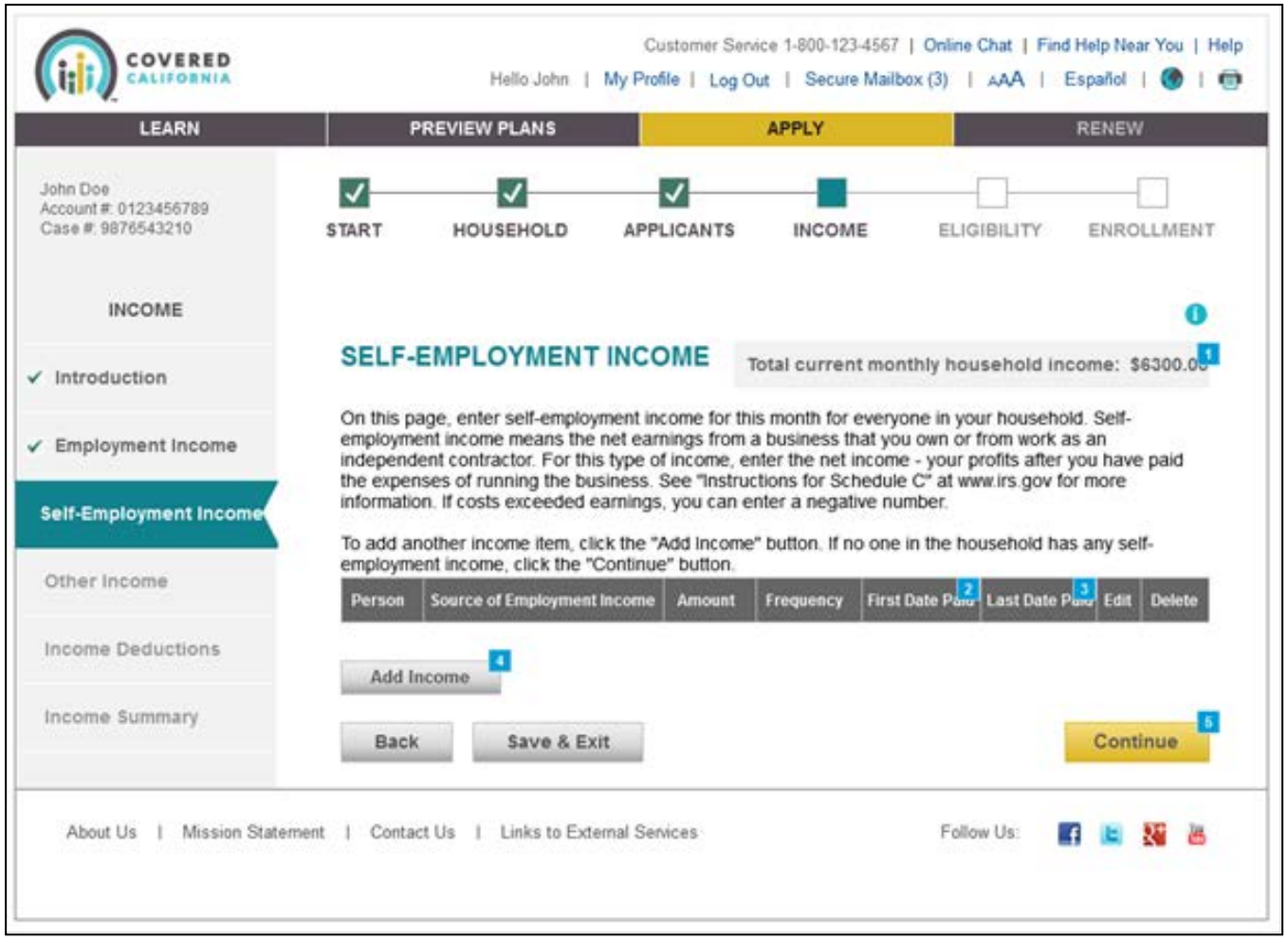

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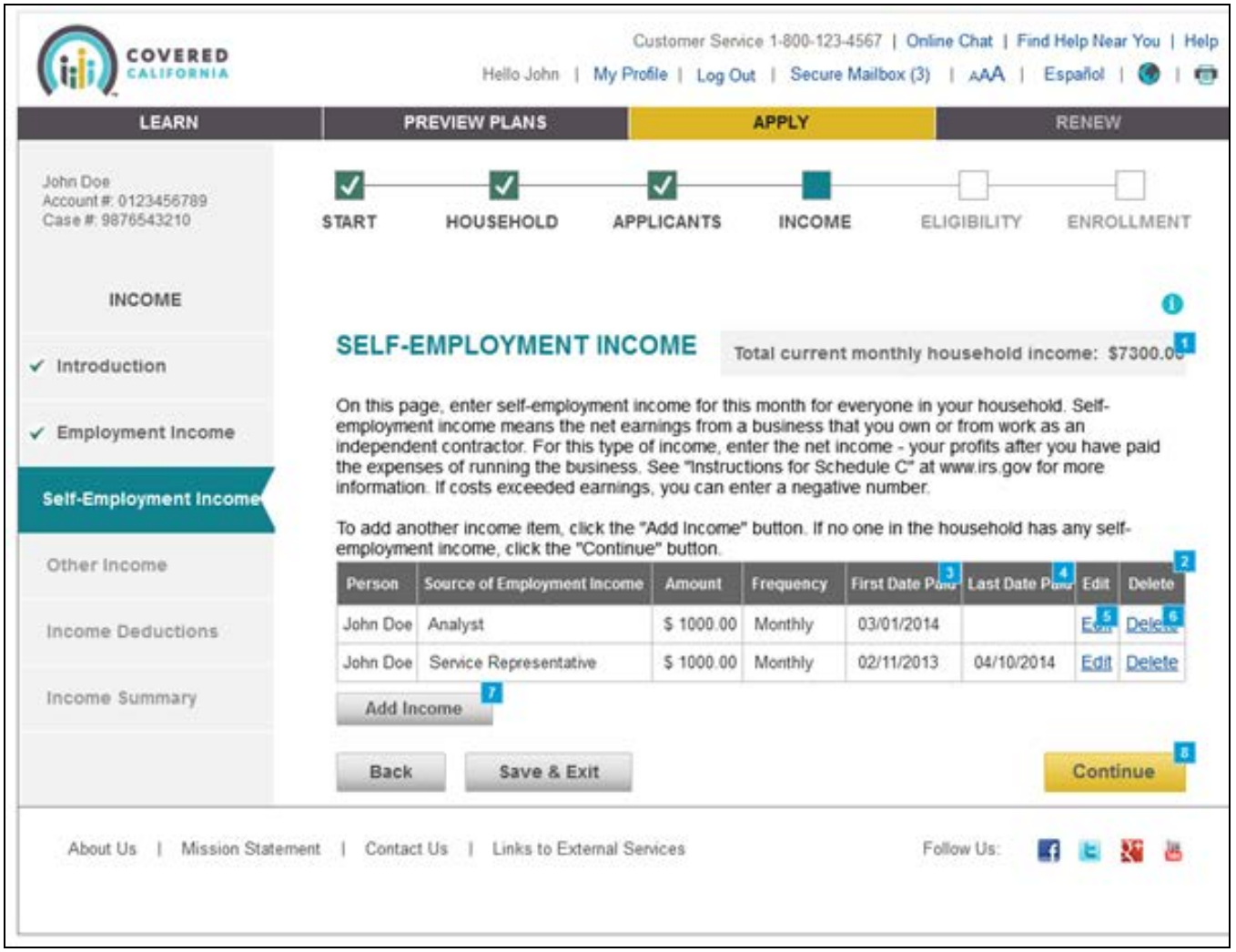

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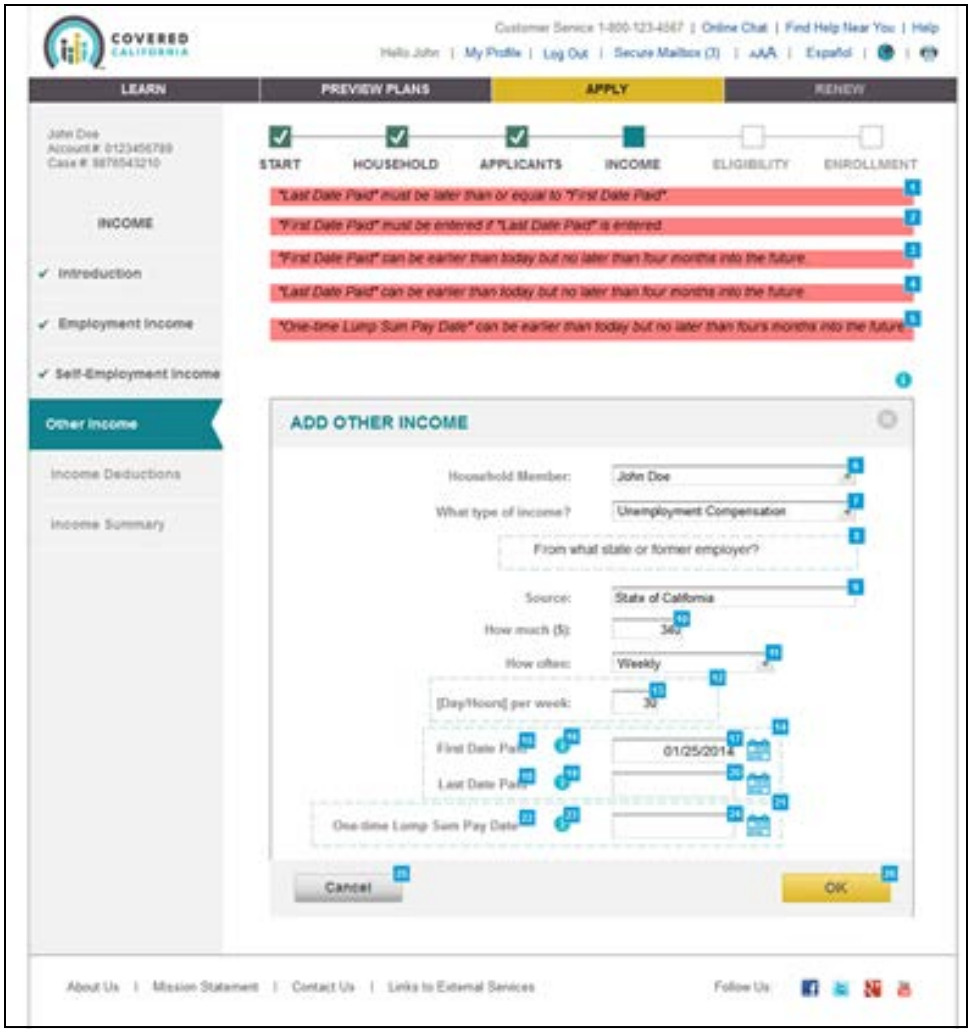

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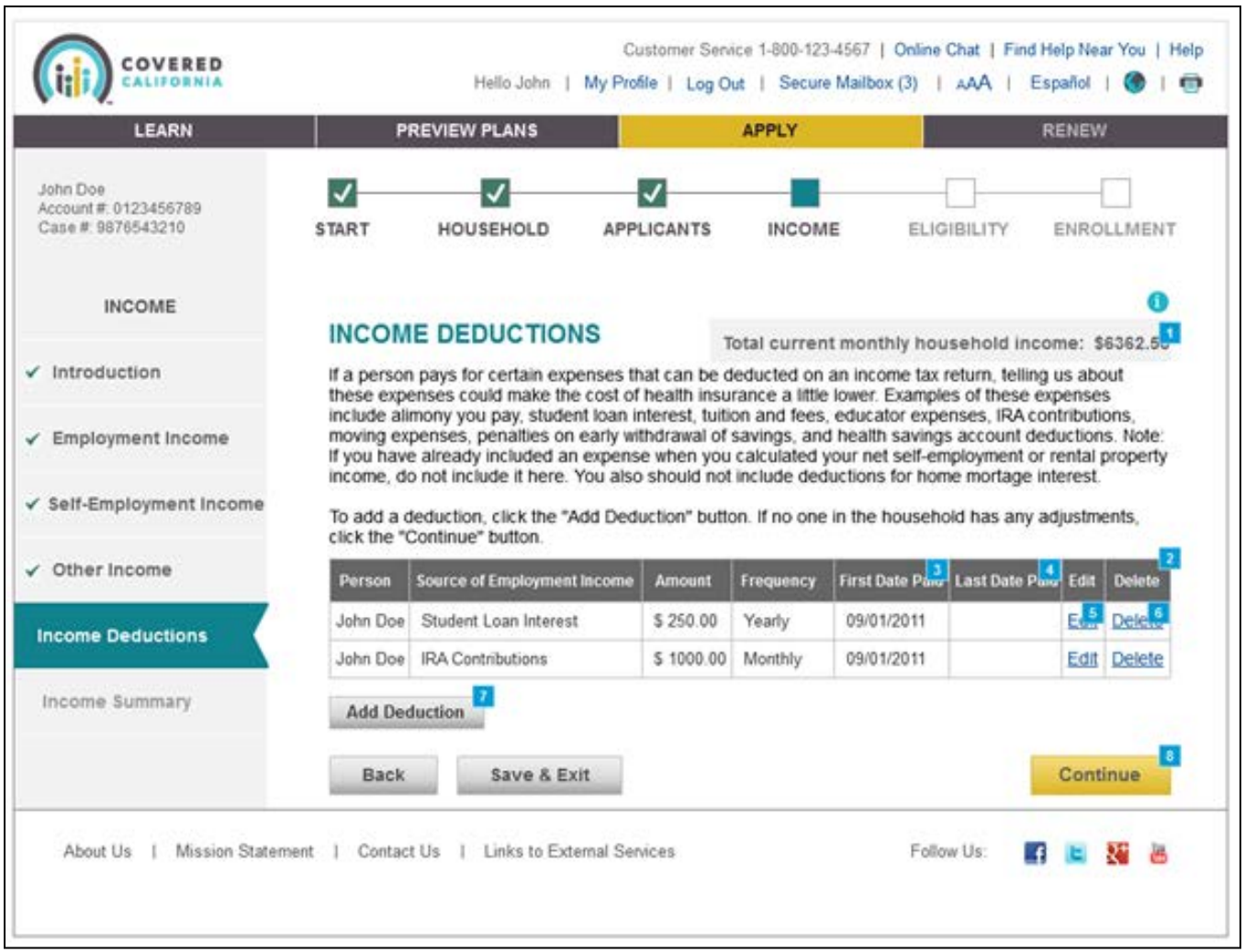

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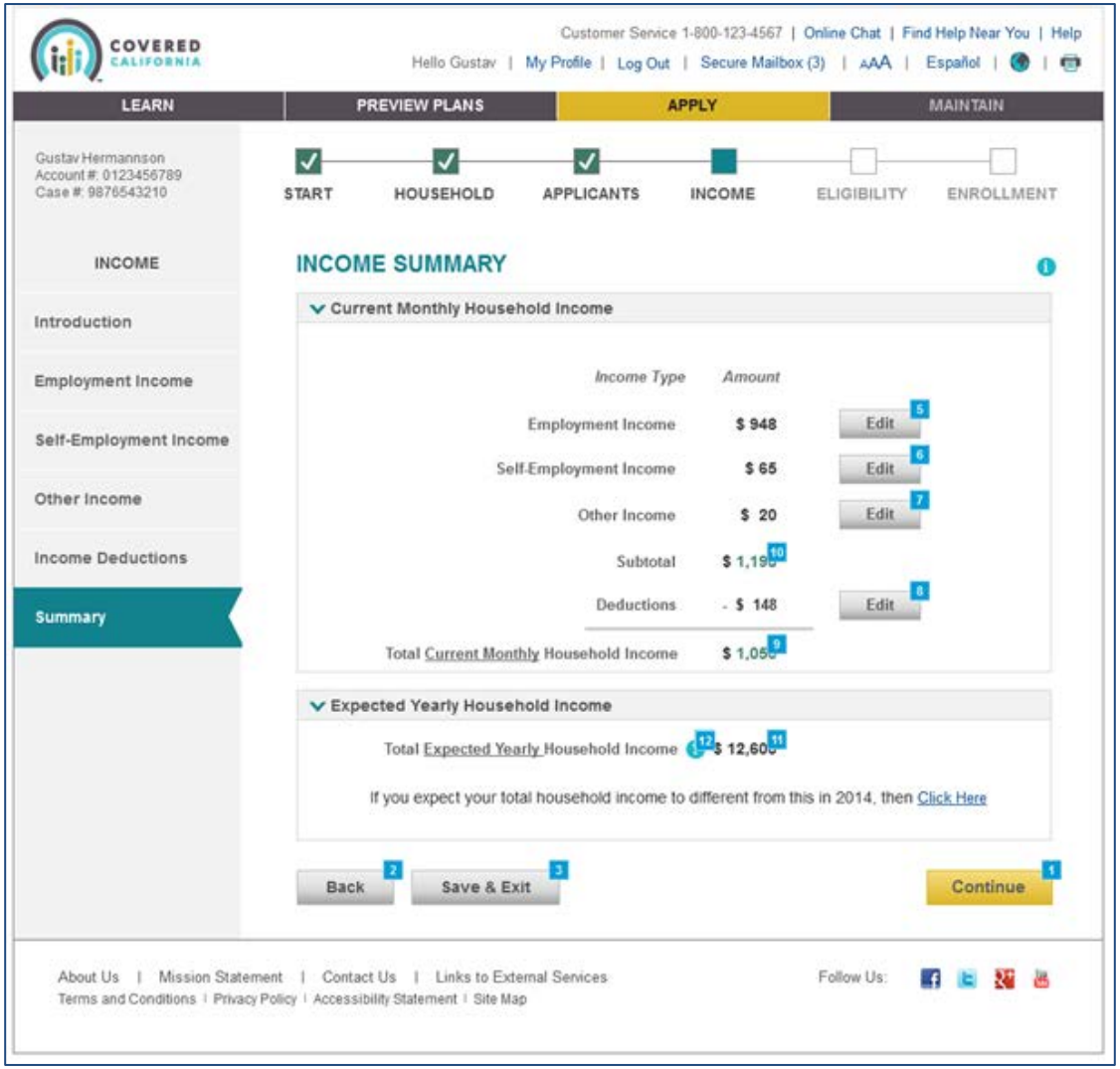

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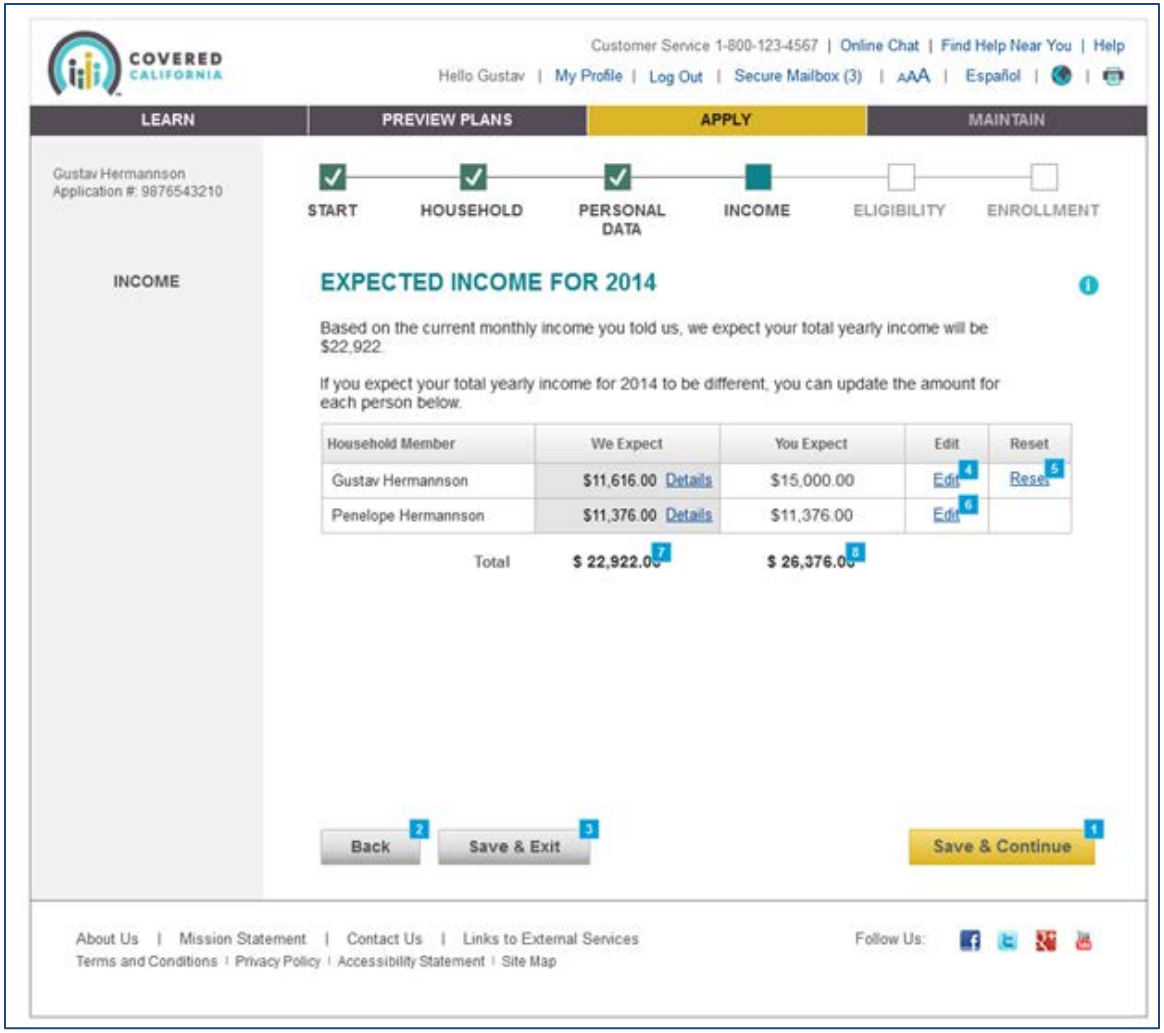

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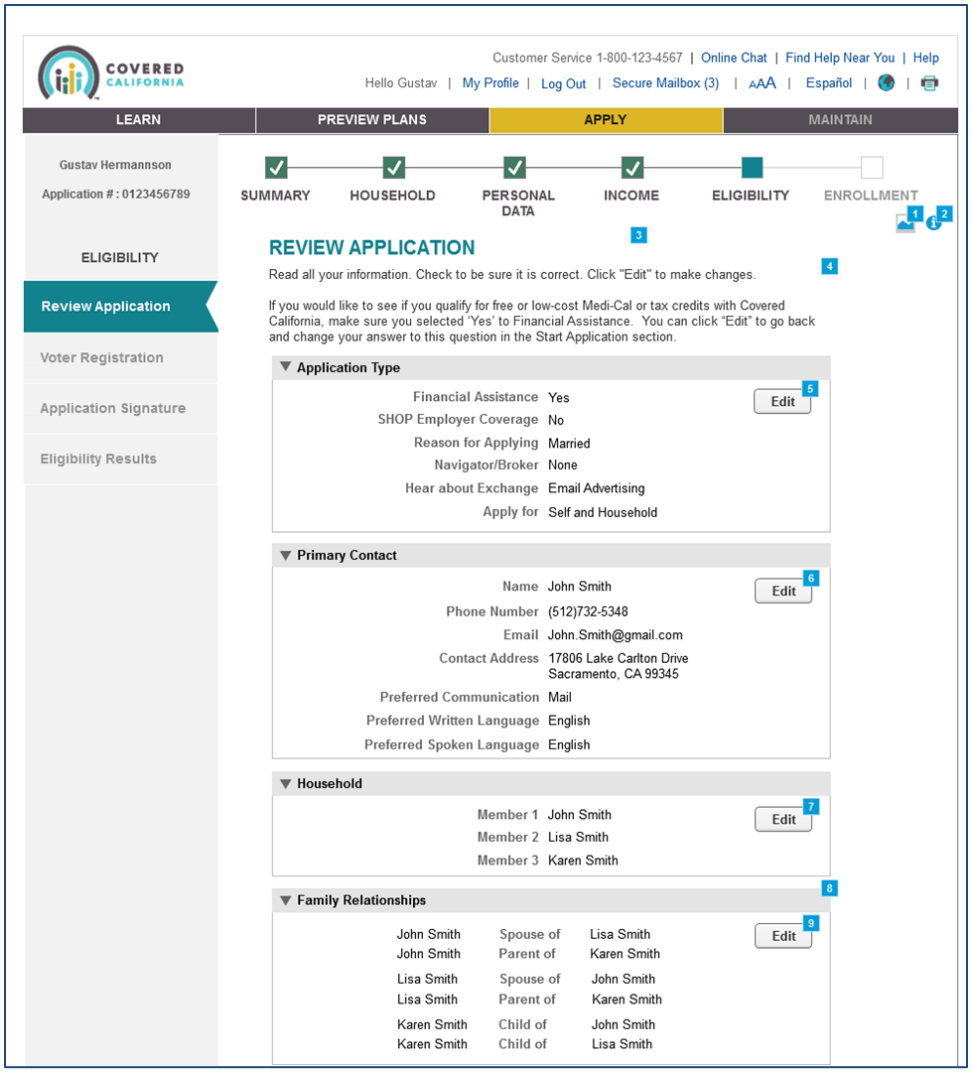

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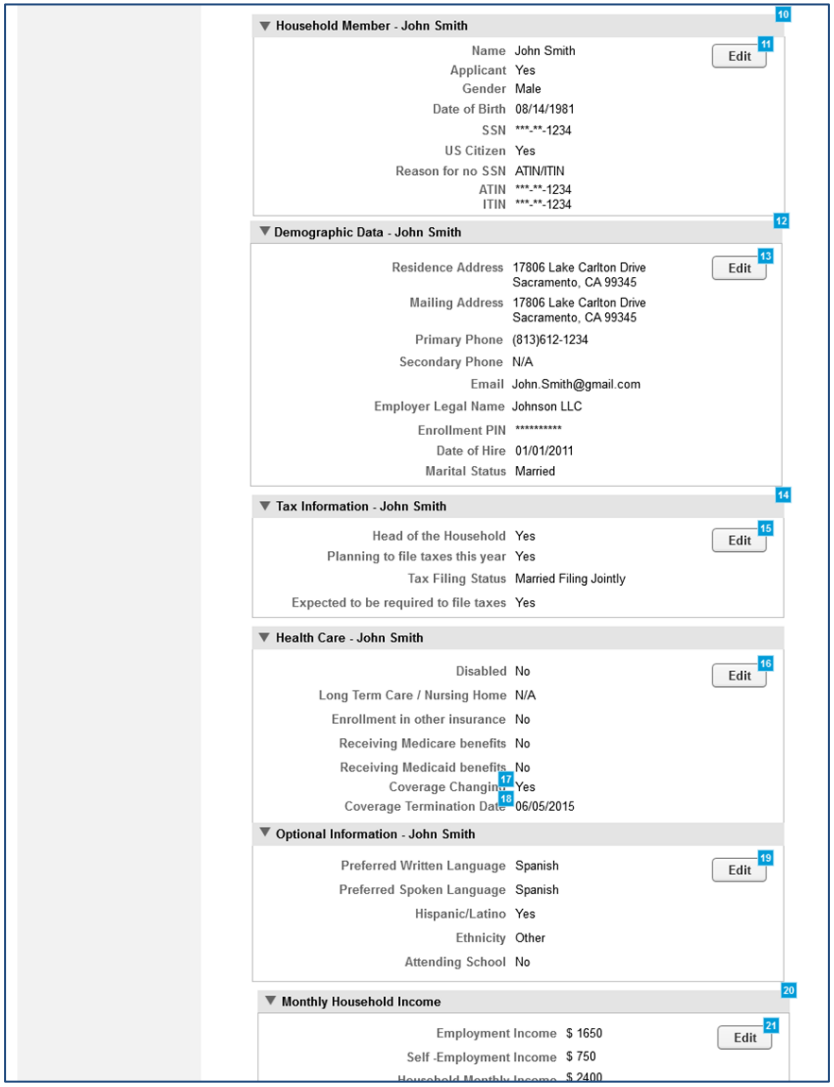

Household Member - John Smith 10

Name	John Smith
Applicant	Yes
Gender	Male
Date of Birth	08/14/1981
SSN	***-**-1234
US Citizen	Yes
Reason for no SSN	ATIN/ITIN
ATIN	***-**-1234
ITIN	***-**-1234

Edit 11

Demographic Data - John Smith 12

Residence Address	17806 Lake Carlton Drive Sacramento, CA 99345
Mailing Address	17806 Lake Carlton Drive Sacramento, CA 99345
Primary Phone	(813)612-1234
Secondary Phone	N/A
Email	John.Smith@gmail.com
Employer Legal Name	Johnson LLC
Enrollment PIN	**********
Date of Hire	01/01/2011
Marital Status	Married

Edit 13

Tax Information - John Smith 14

Head of the Household	Yes
Planning to file taxes this year	Yes
Tax Filing Status	Married Filing Jointly
Expected to be required to file taxes	Yes

Edit 15

Health Care - John Smith

Disabled	No
Long Term Care / Nursing Home	N/A
Enrollment in other insurance	No
Receiving Medicare benefits	No
Receiving Medicaid benefits	No
Coverage Changing 17	Yes
Coverage Termination Date 18	06/05/2015

Edit 16

Optional Information - John Smith

Preferred Written Language	Spanish
Preferred Spoken Language	Spanish
Hispanic/Latino	Yes
Ethnicity	Other
Attending School	No

Edit 19

Monthly Household Income 20

Employment Income	$ 1650
Self -Employment Income	$ 750
Household Monthly Income	$ 2400

Edit 21

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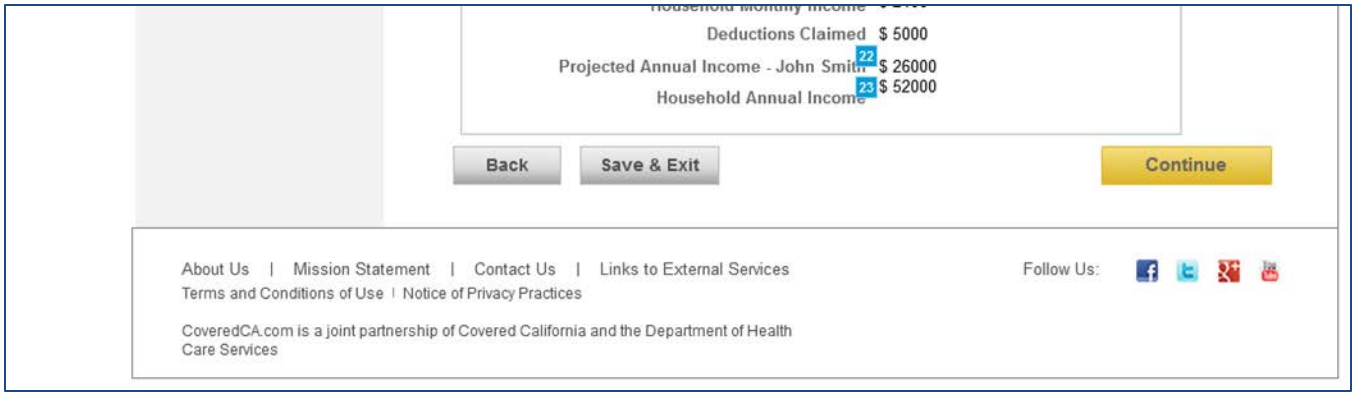

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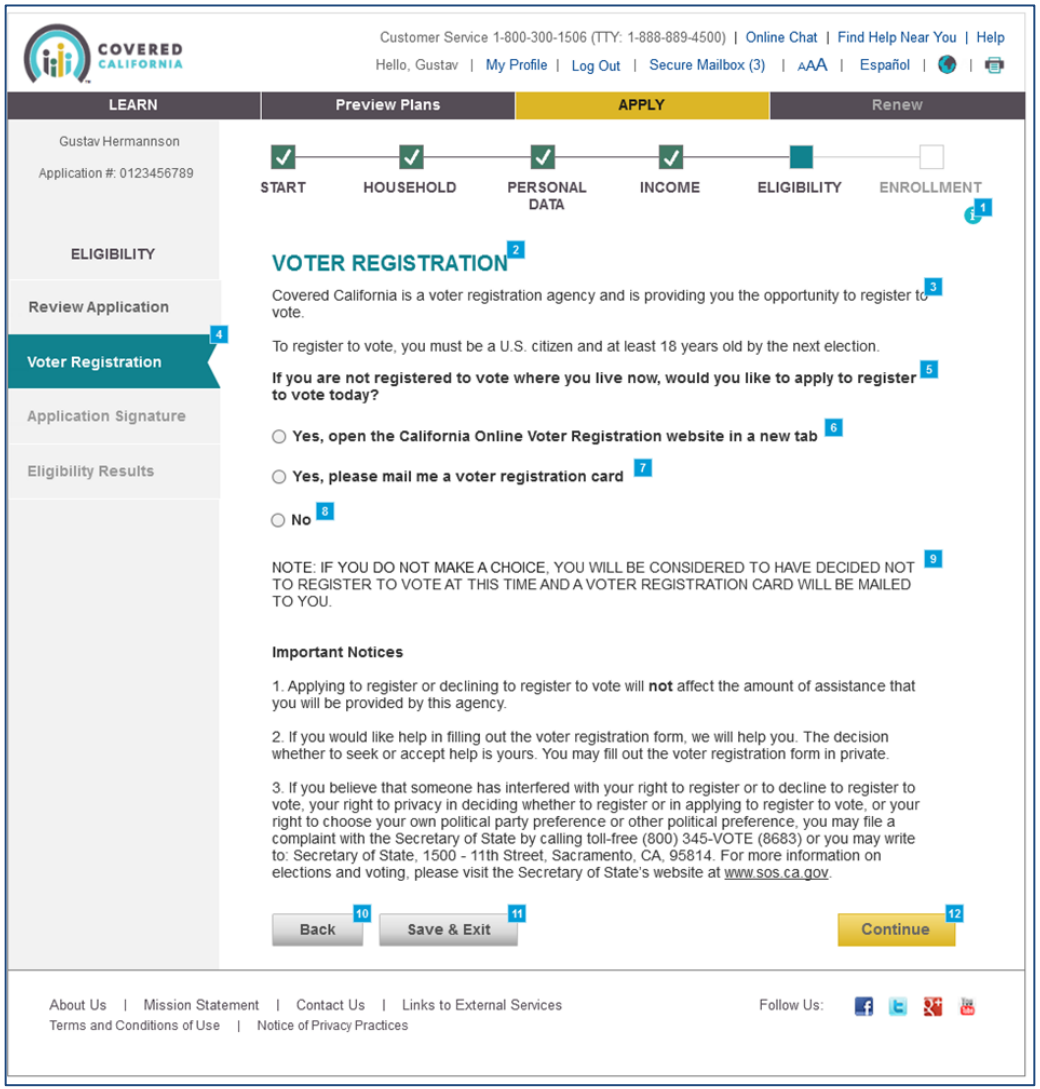

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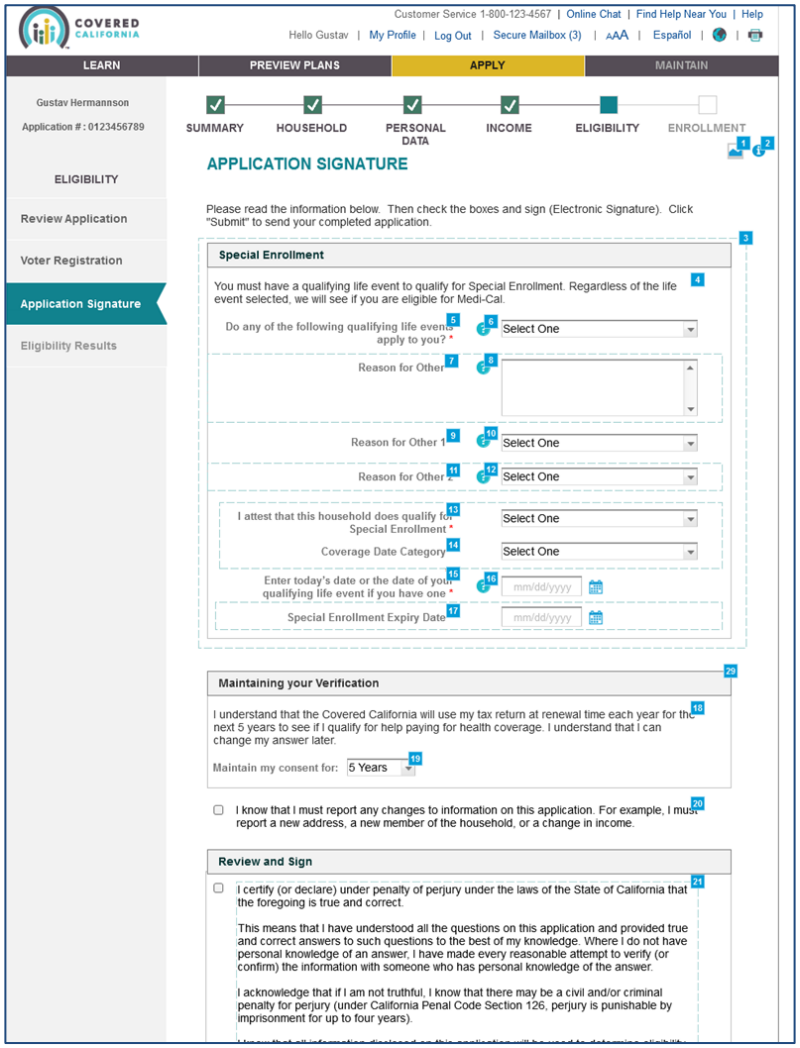

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Minimum Essential Coverage

1

About Minimum Essential Coverage

2

Pursuant to the new healthcare reform laws, all individuals must maintain "minimum essential coverage" for themselves and their dependents beginning January 1, 2014. If an individual fails to meet the requirement of this individual mandate for one or more months, then the individual will face a tax penalty unless the individual is determined to be exempt from such requirements. The term "minimum essential coverage" means any of the following:

(A) Coverage through government sponsored programs, such as Medicare, Medi-Cal, or Healthy Families Program.
(B) Coverage under an eligible employer-sponsored plan.
(C) Coverage under a health plan offered in the individual market within a State, such as the Exchange.
(D) Coverage under a grandfathered health plan.

To find out whether you are "exempt" from this requirement, or how to apply for and obtain a Certificate of Exemption, please visit the Exemption page.

3

Close

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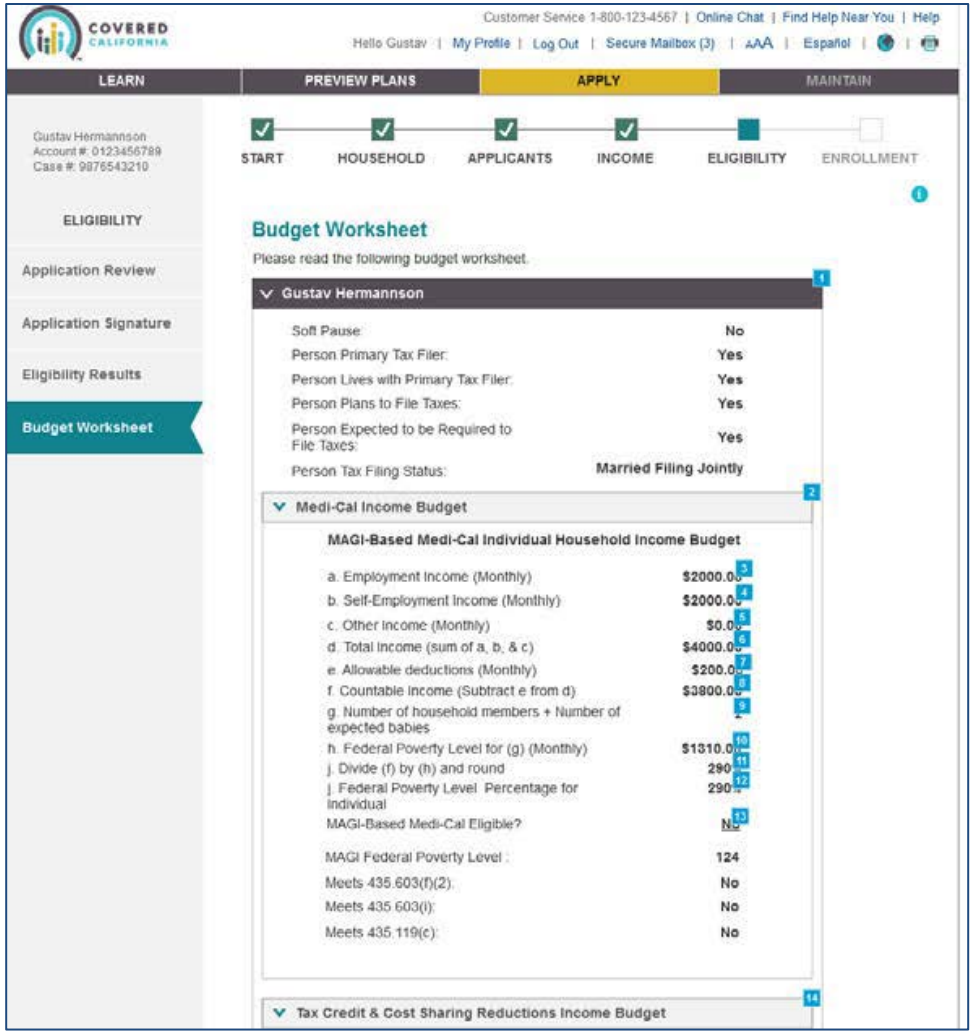

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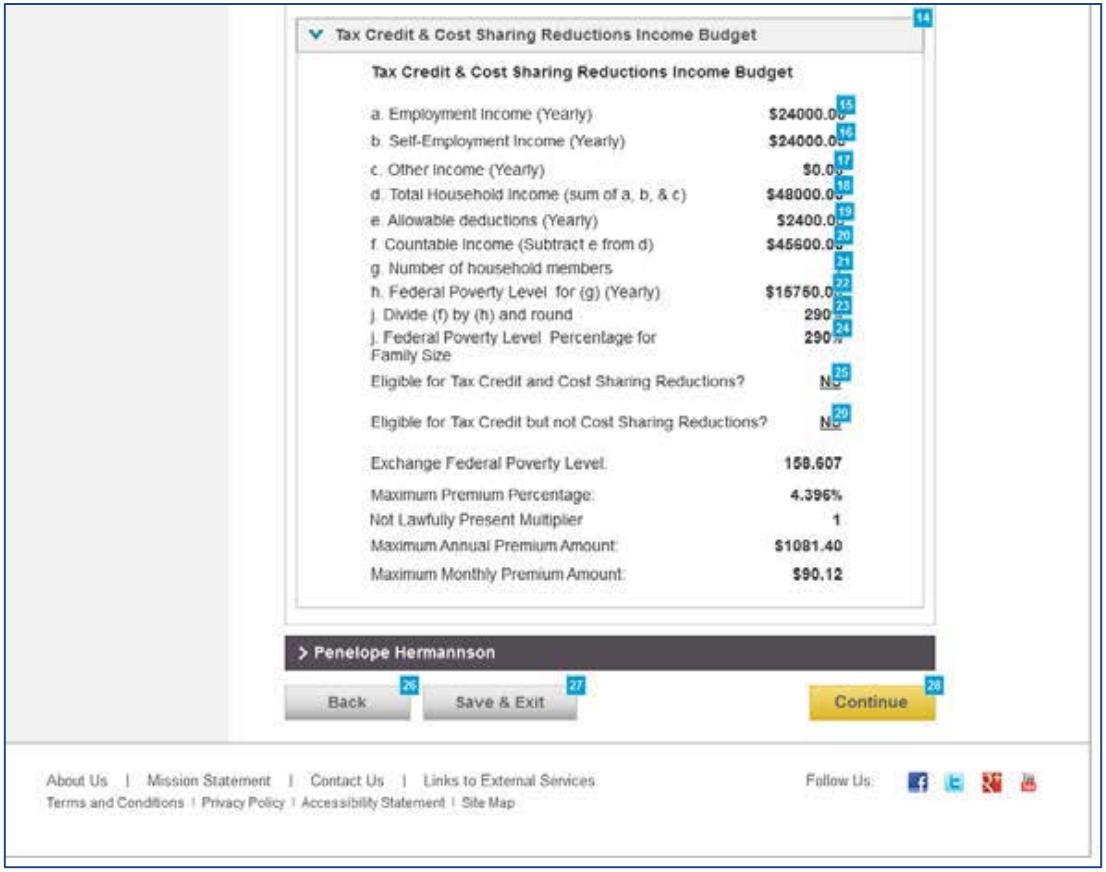

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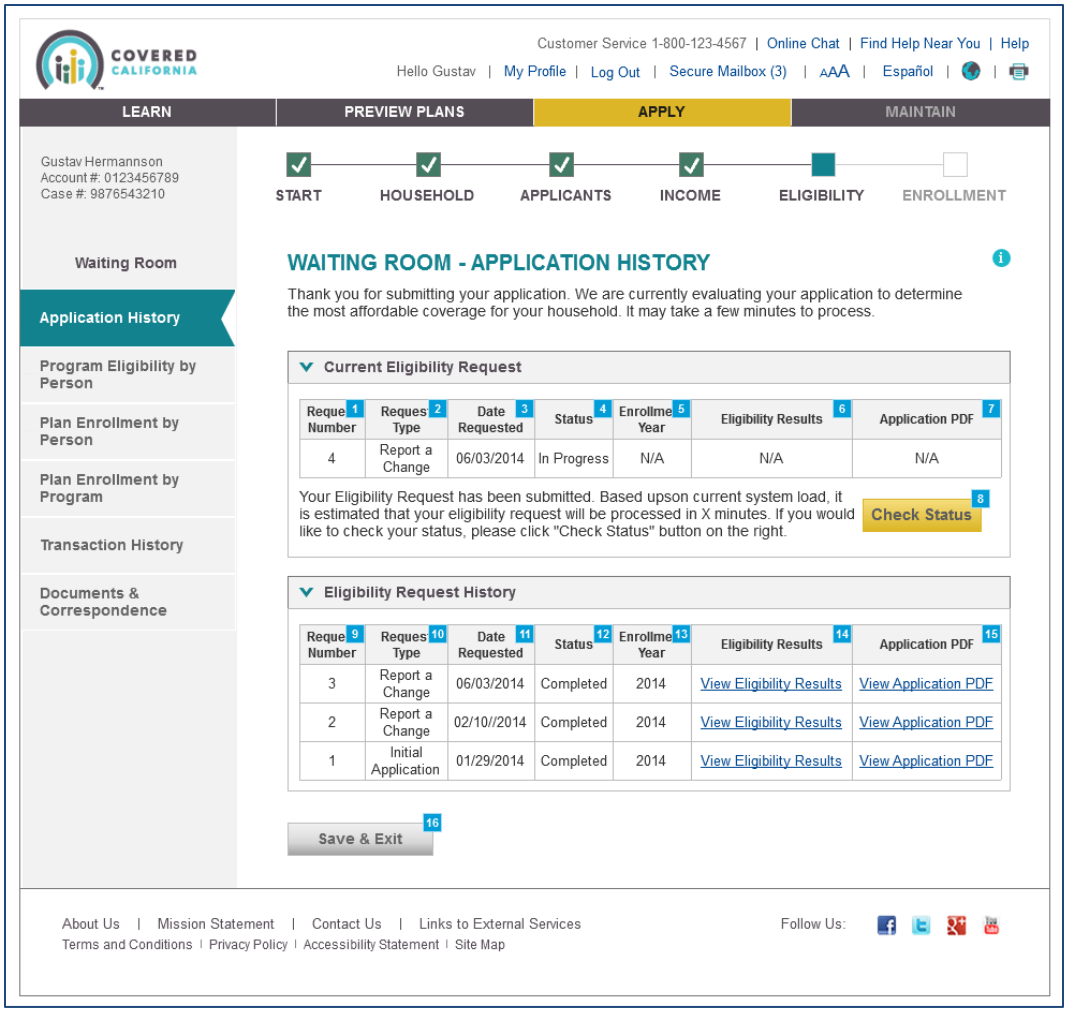

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Thank you