

QUALIFIED MEDICARE BENEFICIARY (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB), AND QUALIFYING INDIVIDUALS (QI) APPLICATION

Name		Social security number		Medicare number		Date	
Telephone number ()		Date of birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Address (number, street)				City		State	ZIP code

This information is to help you apply for the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or the Qualifying Individual-1 (QI-1) programs. The State will pay Medicare Parts A and B premiums, deductibles, and coinsurance fees for persons eligible for the QMB program. The State will pay Medicare Part B premiums for persons eligible for SLMB or QI-1. You may apply for QMB, SLMB, or QI-1 by completing and mailing this form to your local county social services agency.

To be eligible for QMB, SLMB, or QI-1, you must:

- Be eligible for Medicare Part A (hospital insurance).
- Be eligible for Medicare Part B (medical insurance).
- Meet the following income requirements:
 - **QMB:** Net countable income at or below 100% of the Federal Poverty Level (FPL) (at or below \$908* for a single person, or \$1,226* for a couple).
 - **SLMB:** Net countable income below 120% of the FPL (below \$1,089* for a single person, or \$1,471* for a couple).
 - **QI-1:** Net countable income below 135% of the FPL (below \$1,226* for a single person, or \$1,655* for a couple).
- * If you have a child living in the home with you, these amounts may be higher. These amounts are expected to increase each year in April. If you received a Title II Social Security cost of living adjustment in January, this amount will not be counted until April.
- Have no more than \$6,680 in nonexempt property for a single person, or \$10,020 for a couple.
- Meet certain requirements and conditions, such as being a resident of California.

IMPORTANT:

You may be eligible for other Medi-Cal programs in addition to the QMB and SLMB programs, such as food stamps and/or Medi-Cal with a monthly spenddown (share-of-cost). You may also be eligible for Medi-Cal with a monthly share-of-cost if you are **over** the income limits of the QMB, SLMB, and QI-1 programs. This coverage would include payment of the Medicare Part B premium. If you wish to apply for these other programs, check yes and the county will send you other forms to complete. Yes No

Do you wish to apply for three months of retroactive coverage for the SLMB and QI -1 programs (there is no retroactive coverage for QMB). Yes No

List all persons living in your household (spouse/children). If you have more than three persons living with you, you may list them on a separate page.

Name	Social Security Number	Sex M=Male F=Female	Date of Birth	Relationship to You

**MAIL COMPLETED FORM TO YOUR COUNTY SOCIAL SERVICES AGENCY.
(Addresses at the bottom of this form)**

A. COUNTABLE INCOME

1. Fill in the MONTHLY unearned income received by the QMB/SLMB/QI-1 applicant:

- a. Social security check \$ _____
- b. VA benefits \$ _____
- c. Interest from bank accounts or certificate(s) of deposit \$ _____
- d. Retirement income \$ _____
- e. Any other unearned income \$ _____
- f. Total UNEARNED INCOME—add lines a. through e. \$ _____

2. If you are married and living with your SPOUSE, fill in the MONTHLY unearned income received by your spouse:

- g. Social security check \$ _____
- h. VA benefits \$ _____
- i. Interest from bank accounts or certificate(s) of deposit \$ _____
- j. Any other unearned income \$ _____
- k. Retirement income \$ _____
- l. Total SPOUSE'S UNEARNED INCOME—add lines g. through k. \$ _____

3. Fill in the MONTHLY earned income received by the QMB/SLMB/QI applicant and spouse:

- m. Gross earnings for the person who wants to be a QMB, SLMB, or QI-1 \$ _____
- n. Gross earnings for the spouse \$ _____
- o. Total—add lines m. and n. \$ _____
- p. Subtract \$65 \$ _____
- q. Remainder \$ _____
- r. Divide by 2 \$ _____
- s. Total EARNED AND UNEARNED INCOME—add lines f., l., and r. \$ _____

4. Potential QMB, SLMB, or QI-1 eligibles:

- You are potentially eligible as a QMB if your income is at or below 100% of the FPL (at \$908* for a single person, or at \$1,226* for a couple).
- You are potentially eligible as a SLMB if your income is below 120% of FPL (below \$1,089* for a single person, or below \$1,471* for a couple).
- You are potentially eligible as a QI-1 if your income is below 135% of FPL (below 1,226* for a single person, or below \$1,655* for a couple).

* If you have a child in the home, these amounts may be higher.

COUNTY USE	
Applicant's unearned income (line f)	\$ _____
Spouse's unearned income (line l)	+ _____
Any income deduction	- _____
Net unearned income	_____
Net earned income (line r)	+ _____
Total net income	_____
MFBU size	_____
Compare to QMB/SLMB/QI-1/QI-2 income limit.	
If over income limit, is there a spouse and/or children in the home? Complete the MC 176-2 A QMB/SLMB/QI form.	

B. PROPERTY

A QMB, SLMB, or QI-1 who is not married or not living with his/her spouse may have countable property which is equal to or less than \$6,600. A QMB, SLMB, or QI-1 who is married and living with his/her spouse must have countable property which is equal to or less than \$9,910.

The following are examples of countable property. **Important:** The home you and/or a spouse live in **does not** count. One car used for transportation **does not** count. If you apply at the county welfare department as a QMB, SLMB, or QI-1, the county may treat the property listed on this form differently. There are other types of property which the county welfare department, will also look at, i.e., certificates of deposit. This other property **may** or **may not** count towards the property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

- 1. Checking accounts \$ _____
- 2. Savings accounts \$ _____
- 3. Certificate(s) of deposit \$ _____
- 4. Stocks \$ _____
- 5. Bonds \$ _____
- 6. A second car (value minus amount owed) \$ _____
- 7. A second home (value minus amount owed) \$ _____
- 8. The cash surrender value of life insurance policies if the face value of **all** policies combined exceeds \$1,500 (Do not include "term" insurance policies) \$ _____
- 9. Total PROPERTY—add lines 1 through 8 ****\$** _____

COUNTY USE

** This total cannot exceed \$6,680 for a single person or \$10,020 for a couple.

Additional information: You may be eligible for **up to three months of retroactive coverage** of your Medicare Part B premiums under the SLMB and QI programs.

NOTE: Individuals enrolled in traditional Medi-Cal, in addition to the QMB/SLMB/QI programs, may be subject to Estate Recovery. Medi-Cal benefits received by an individual after age 55 may be recoverable by the State. Recovery may be made from the estate or the distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled or blind son or daughter. **Individuals enrolled in only the QMB/SLMB/QI programs, however, are not subject to Estate Recovery.**

I declare under penalty of perjury, under the laws of the United States of America and the State of California, that information I have given on this form is true, correct, and complete.

Signature (or mark) of applicant	Date
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COUNTY USE			
<input type="checkbox"/> QMB approved	<input type="checkbox"/> SLMB approved	<input type="checkbox"/> QI-1 approved	<input type="checkbox"/> QMB/SLMB/QI-1 denied

Eligibility Worker's signature	Date
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Privacy Statement

This information given in this application is private and confidential under Welfare and Institutions Code 14100.2. This information will be disclosed only in accordance with those laws.

Sections 14011 and 14012 of the Welfare and Institutions Code allow county welfare departments to get certain facts from you, or the person(s) you represent, so that you can get Medi-Cal benefits. You must provide these facts to get some or all of your Medicare costs paid by Medi-Cal. You are required to provide your Social Security Number under the Social Security Act, Section 1137(a)(1) and the Welfare and Institutions Code, Section 14011.2.

Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare Beneficiary (SLMB)/Qualifying Individual (QI) Counties' List

Mail completed form to your county listed below:

ALAMEDA COUNTY (01)
Social Services Agency
QMB/SLMB/QI Program
7751 Edgewater Drive
Oakland, CA 94621
(510) 383-8749
(510) 569-5017 FAX

ALPINE COUNTY (02)
Health and Human Services
QMB/SLMB/QI Program
75 Diamond Valley Road
Markleeville, CA 96120
(530) 694-2235

AMADOR COUNTY (03)
Department of Social Services
QMB/SLMB/QI Program
1003 Broadway
Jackson, CA 95642
(209) 223-6550
(209) 223-6208 FAX

BUTTE COUNTY (04)
Department of Social Welfare
QMB/SLMB/QI Program
P.O. Box 1649
Oroville, CA 95965
(530) 879-3521

CALAVERAS COUNTY (05)
Calaveras Works and Human
Services Agency
QMB/SLMB/QI Program
891 Mountain Ranch Road
San Andreas, CA 95249
(209) 754-6444
(209) 754-6543 FAX

COLUSA COUNTY (06)
Department of Social Welfare
QMB/SLMB/QI Program
251 East Webster Street
Colusa, CA 95932
(530) 458-0250
(530) 458-0492 FAX

CONTRA COSTA COUNTY (07)
Employment and Human Services
Department
QMB/SLMB/QI Program
40 Douglas Drive
Martinez, CA 94553
(866) 663-3225

DEL NORTE COUNTY (08)
Department of Social Services
QMB/SLMB/QI Program
880 Northcrest Drive
Crescent City, CA 95531
(707) 464-3191

EL DORADO COUNTY (09)
Department of Social Services
QMB/SLMB/QI Program
3057 Briw Road
Placerville, CA 95667
(530) 642-7300

FRESNO COUNTY (10)
Employment and Temporary
Assistance Department
QMB/SLMB/QI Program
P.O. Box 1912
Fresno, CA 93750
(559) 253-9051

GLENN COUNTY (11)
Human Resources Agency
QMB/SLMB/QI Program
420 East Laurel Street
P.O. Box 611
Willows, CA 95988
(530) 934-6514
(530) 934-6521 FAX

HUMBOLDT COUNTY (12)
Department of Social Services
QMB/SLMB/QI Program
929 Koster Street
Eureka, CA 95501
(707) 445-7706

IMPERIAL COUNTY (13)
Department of Social Services
QMB/SLMB/QI Program
2995 South Fourth Street, Suite 105
El Centro, CA 92243
(760) 337-6820

INYO COUNTY (14)
Department of Social Services
QMB/SLMB/QI Program
914 North Main Street
Bishop, CA 93514
(760) 872-1394

KERN COUNTY (15)
Department of Human Services
QMB/SLMB/QI Program
100 East California Avenue
Bakersfield, CA 93302
1-888-506-2200

KINGS COUNTY (16)
Human Services Agency
QMB/SLMB/QI Program
1200 South Drive
Hanford, CA 93230
(559) 582-3241
(559) 585-0346 FAX

LAKE COUNTY (17)
Department of Social Services
QMB/SLMB/QI Program
15975 Anderson Ranch Parkway
P.O. Box 9000
Lower Lake, CA 95457
(707) 995-4200
(707) 995-4204 FAX

LASSEN COUNTY (18)
Department of Social Services
QMB/SLMB/QI Program
720 Richmond Road
P.O. Box 1359
Susanville, CA 96130
(530) 251-8152

LOS ANGELES COUNTY (19)
Department of Social Services
QMB/SLMB/QI Program
17171 East Gale Avenue
City of Industry, CA 91745
(626) 854-4987

MADERA COUNTY (20)
Department of Social Services
QMB/SLMB/QI Program
720 East Yosemite Avenue
P.O. Box 569
Madera, CA 93639
(559) 675-2300

MARIN COUNTY (21)
Department of Health and Human
Services
3501 Civic Center Branch
P.O. Box 4160
San Rafael, CA 94913
(415) 499-7089

Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare Beneficiary (SLMB)/Qualifying Individual (QI) Counties' List

Mail completed form to your county listed below:

MARIPOSA COUNTY (22)
Department of Human Services
QMB/SLMB/QI Program
5186 Highway 49 North
P.O. Box 7
Mariposa, CA 95338
(209) 966-3609

MENDOCINO COUNTY (23)
Department of Social Services
QMB/SLMB/QI Program
747 South State Street
P.O. Box 8508
Ukiah, CA 95482
(707) 463-7828

MERCED COUNTY (24)
Human Services Agency
QMB/SLMB/QI Program
2115 West Wardrobe Avenue
P.O. Box 112
Merced, CA 95341-0112
(209) 385-3000
(209) 725-3583 FAX

MODOC COUNTY (25)
Department of Social Services
QMB/SLMB/Qi Program
120 North Main Street
Alturas, CA 96101
(530) 233-6501

MONO COUNTY (26)
Department of Social Services
QMB/SLMB/QI Program
P.O. Box 2969
Bridgeport, CA 93517
(619) 932-7291

MONTEREY COUNTY (27)
Department of Social Services
QMB/SLMB/QI Program
1000 South Main Street, Suite 208
Salinas, CA 93901
(831) 755-4407/755-4400
(831) 755-8408 FAX

NAPA COUNTY (28)
Department of Social Services
QMB/SLMB/QI Program
2261 Elm Street
Napa, CA 94558
(707) 253-4106

NEVADA COUNTY (29)
Department of Public Social Services
Adult and Family Services
950 Maidu Avenue
P.O. Box 1210
Nevada City, CA 95959
(530) 265-1340
(530) 265-7062 FAX

ORANGE COUNTY (30)
Social Services Agency
QMB/SLMB/QI Program
888 North Main Street, #158C
P.O. Box 1772 (92702-1772)
Santa Ana, CA 92701-3518
(714) 541-7750

PLACER COUNTY (31)
Health and Human Services
QMB/SLMB/QI Program
11519 B Avenue
Auburn, CA 95603
(530) 889-7609

PLUMAS COUNTY (32)
Department of Social Services
QMB/SLMB/QI Program
270 County Hospital Road,
Room 207
Quincy, CA 95971
(530) 283-6350

RIVERSIDE COUNTY (33)
Department of Public Social Services
QMB/SLMB/QI Program
731 Palmyrita Avenue
Riverside, CA 92507
(Call Local Department of Social Services)

SACRAMENTO COUNTY (34)
Department of Human Assistance
QMB/SLMB/QI Program
1725 28th Street
Sacramento, CA 95816
(916) 874-2580
(916) 874-2565 FAX

SAN BENITO COUNTY (35)
Human Services Agency
QMB/SLMB/QI Program
1111 San Felipe Road, #206
Hollister, CA 95023
(831) 636-4180

SAN BERNARDINO COUNTY (36)
Human Services System Traditional
Assistance Department
QMB/SLMB/QI Program
825 East Hospitality Lane
San Bernardino, CA 92415-0079
(Call Local Department of Social Services)

SAN DIEGO COUNTY (37)
Health and Human Services Agency
QMB/SLMB/QI Program
7947 Mission Center Court
San Diego, CA 92108
(619) 767-5022

SAN FRANCISCO COUNTY (38)
Medi-Cal Health Connections
QMB/SLMB/QI Program
P.O. Box 7988
San Francisco, CA 94120
(415) 558-1855

SAN JOAQUIN COUNTY (39)
Human Services Agency
QMB/SLMB/QI Program
333 East Washington
P.O. Box 201056
Stockton, CA 95201-3006
(209) 468-1453

SAN LUIS OBISPO COUNTY (40)
Department of Social Services
QMB/SLMB/QI Program
P.O. Box 8119
San Luis Obispo, CA 93403-8119
(805) 781-1885

SAN MATEO COUNTY (41)
Department of Social Services
QMB/SLMB/QI Program
400 Harbor Boulevard, Building C
Belmont, CA 94002
(650) 595-7570

SANTA BARBARA COUNTY (42)
Department of Social Services
QMB/SLMB/QI Program
1100 West Laurel Avenue
Lompoc, CA 93436
(805) 737-7056

Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare Beneficiary (SLMB)/Qualifying Individual (QI) Counties' List

Mail completed form to your county listed below:

SANTA CLARA COUNTY (43)
Social Services Agency
QMB/SLMB/QI Program
1725 Technology Drive
San Jose, CA 95110-1305
(408) 441-5590
(408) 436-5493 FAX

SANTA CRUZ COUNTY (44)
Human Resources Agency
QMB/SLMB/QI Program
1320 Emeline Street
Santa Cruz, CA 95061
(831) 454-4260

SHASTA COUNTY (45)
Department of Social Services
QMB/SLMB/QI Program
P.O. Box 496005
Redding, CA 96049
(530) 225-5767

SIERRA COUNTY (46)
Human Services
QMB/SLMB/QI Program
202 Front Street
P.O. Box 1019
Loyalton, CA 96118
(530) 993-6725
(530) 993-6767 FAX

SISKIYOU COUNTY (47)
Human Services
QMB/SLMB/QI Program
818 South Main
Yreka, CA 96097
(530) 938-5100
(530) 938-5116 FAX

SOLANO COUNTY (48)
Health and Social Services
Department.
QMB/SLMB/QI Program
1745 Enterprise Drive
Fairfield, CA 94533
1-800-400-6001

SONOMA COUNTY (49)
Human Services Department
QMB/SLMB/QI Program
520 Mendocino Avenue
P.O. Box 1539
Santa Rosa, CA 95402
(707) 565-5304

STANISLAUS COUNTY (50)
Comm. Services Agency
QMB/SLMB/QI Program
251 East Hackett Road
Modesto, CA 95358
P.O. Box 42
Modesto, CA 95347-5351
1-800-962-4468
(209) 558-2189 FAX

SUTTER COUNTY (51)
Welfare and Social Services
QMB/SLMB/QI Program
190 Garden Highway
P.O. Box 1535
Yuba City, CA 95992-1535
(530) 822-7230 Ext. 218

TEHAMA COUNTY (52)
Department of Social Services
QMB/SLMB/QI Program
22840 Antelope Building
P.O. Box 1515
Red Bluff, CA 96080
(530) 527-1911

TRINITY COUNTY (53)
Department of Health and Human
Services
QMB/SLMB/QI Program
P.O. Box 1470
Weaverville, CA 96093
(530) 623-1265

TULARE COUNTY (54)
Health and Human Services
QMB/SLMB/QI Program
5957 South Mooney Boulevard
Visalia, CA 93277
(209) 737-4660
(209) 737-4694 FAX

TUOLUMNE COUNTY (55)
Department of Social Services
QMB/SLMB/QI Program
20075 Cedar Road North
Sonora, CA 95370
(209) 533-5711

VENTURA COUNTY (56)
Human Services Agency
QMB/SLMB/QI Program
505 Poli Street
Ventura, CA 93001
(805) 652-7522

YOLO COUNTY (57)
Department of Employment and
Social Services
QMB/SLMB/QI Program
500 A Jefferson Boulevard, Suite 100
West Sacramento, CA 95605
(916) 375-6214

YUBA COUNTY (58)
Human Services Agency
QMB/SLMB/QI Program
6000 Lindhurst Avenue, #504
P.O. Box 2320
Marysville, CA 95901
(530) 749-6311